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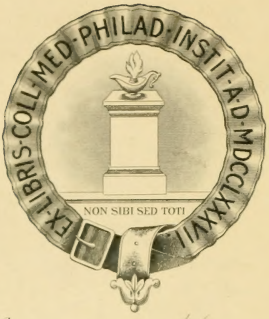

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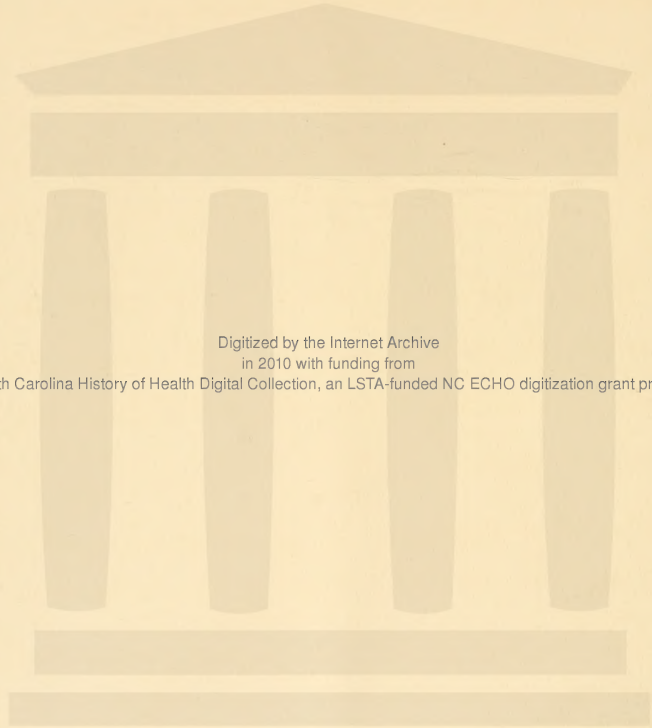

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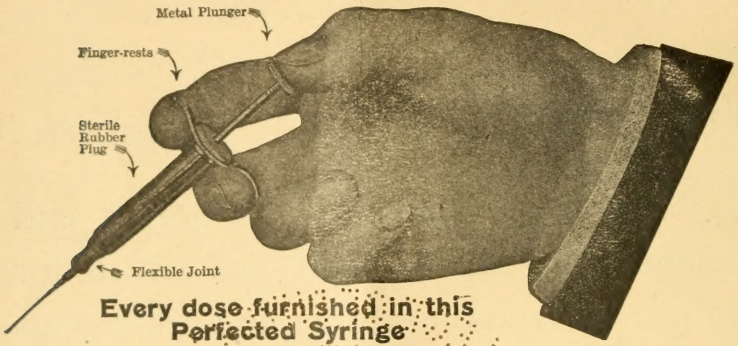

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The Charlotte Medical Journal

VOL. LXI CHARLOTTE, N. C., JANUARY, 1910. No. 1

Intracapsular Fracture of the Hip. Prognosis and Report of Cases.*

By John N. Upshur, M. D., Richmond, Va., Ex-President and Honorary Fellow of the Richmond Academy of Medicine and Surgery, of the Medical Society of Virginia, of the Tri-State Medical Association of the Carolinas and Virginia; Honorary Fellow of the Medical Society of West Va., etc.

The writer does not pose as a surgeon nor claim to be an authority on surgical subjects; and yet, during an experience of many years, it has fallen to his lot to see many and varied surgical cases and to have them under his care. Specialism being a development of recent years, at the time he was educated and for many years subsequent, equal emphasis was laid upon every variety of malady and injury; and the thoroughly equipped doctor was supposed to treat intelligently whatever condition came under his observation. Therefore, in the discussion of this subject, he proposes to treat it from the practical standpoint of clinical observation and results.

For an intelligent comprehension of the subject, it is essential that we have a clear conception of the histology of the bone and anatomy of the region of the hip. "The ossific center appears in the head of the bone at the end of the first year; in the greater trochanter in the fourth year, and in the lesser trochanter between the 13th and 14th years." "The junction of the epiphysis with the shaft does not begin until after puberty and is not complete until the 20th year." "The arrangement of the cancelli in the ends of the femur is remarkable. In the upper end this is in two sets. In the first, they are placed in the direction of greatest pressure and serve to support the vertical weight of the body. The second set are planes of lamellæ intersecting the former nearly at right angles, and are situated in the line of greatest tension, i.e., along the lines in which the muscles and ligaments exert their traction. In the midst of the cancellous tissue of the neck is a vertical plane of compact tissue, the femoral spur, which commences at the point where the neck joins the shaft midway between the lesser trochanter and the internal border of the shaft of the bone, and extends in the direction of the digital fossa." This is in the direct axis of the shaft, materially strengthening the bone. Again, "it will be noticed that a considerable portion of the great trochanter lies behind the level of the posterior surface of the neck; * * * and the posterior wall of the neck is prolonged into the trochanter," "It forms a thin, dense plate of bone which passes beneath the posterior intertrochanteric towards the outer surface of the bone." As to the angle of the neck of the femur, "it varies in length and obliquity at different periods in life * * * being widest in infancy. In the adult it forms an angle of about 130 degrees with the shaft, but varies in inverse proportion to the development of the pelvis and the stature. In the female, in consequence of the prominence of the hips and widening of the pelvis, the neck of the femur forms more nearly a right angle with the shaft, than in man." (Gray). It has been stated that the angle diminishes in old age, though this is open to question; but the angle varies greatly in different persons of the same age.

The ligaments of the hip-joints are the capsular, iliofemoral, teres, cotyloid and transverse. The capsular ligament is a closed sac strengthened anteriorly by its attachment to the outer margin of this ligament. It is thicker at the upper, anterior portion of the joint where greatest resistance is required. Below and internally, it is loose and thinner. The iliofemoral is an accessory band of fibres passing across the front of the joint and serving to strengthen it. The synovial membrane is very extensive, covering all that portion of the neck contained within the joint.

The muscles in relation with the joint are, in front, psoas and iliacus; above, the reflected head of the rectus and the gluteus minimus; internally, the obturator externus and pectineus; posteriorly, the pyriformis, gemellus superior, obturator internus, gemellus inferior, obturator externus and quadratus femoris.

Causes.—A careful consideration of the anatomy of the joint will demonstrate that two classes are predisposed to intracapsular injury—the young subject up to the age of twenty years, because of the late development of this portion of the bone and the consolidated ossific union; and the old subject, fifty years and over, increasing predisposition because of advancing age. These are important facts to bear in mind because of the bearing on diagnosis. Fracture in the young subject is very rare but, we must not forget, may occur; and I be-

*Read before the Richmond Academy of Medicine and Surgery, November 23, 1909.

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lieve diagnosis is much more difficult here, especially when the aid of the X-rays is not possible at the time.

The number occurring after fifty is so great in proportion to that of the young that when the accident happens in the latter it is always a matter of surprise and comment—so rare, indeed, that little is said about it in the books.

In those advanced in life, when the anatomical conditions have undergone the changes incident to age, especially from the histologic standpoint, and change in the elements in the composition of bone has taken place, the accident may happen from the simplest cause—muscular contraction, a trip in the carpet, or in sitting down too suddenly, or even from the weight of the body on the trochanter.

Symptoms and Diagnosis.—The diagnosis is usually easy. Shortening, deformity of the hip, inversion of the foot, preternatural mobility and pain. The last may be intense or excruciating, or it may be very insignificant or entirely absent. On the other hand, if the injury has occurred in a young subject there may be no symptoms but pain; and the most careful examination, even under complete anesthesia, may, in the experience of the best men, leave the diagnosis in doubt, the X-ray only solving the problem.

If the fracture be impacted there may, probably will be, preternatural fixedness in the joint.

Paognosis.—The danger of the injury should be fully appreciated, and if the subject be fifty or over, in proportion to the advance in age should the prognosis be very guarded, even though the patient be doing very well and the outlook appear favorable. I would emphasize the fact that a serious phase may be put on the case any time after the tenth day and a fatal termination may result. Even in the young subject emphasis should be given to the prognosis of recovery with more or less shortening and impairment of the function of the joint, making these facts clear to those interested. Even when this is done, as a result of unreasonableness, bad advice from friends, or the kindly assistance of some doctor with an obtuse sense of his duty to his profession and regard for a brother practitioner, the attendant may find himself obliged to face a suit for damages; and even though he may successfully defend his treatment and non-suit the plaintiff, it will not relieve him from the injustice and outrage of having to pay a legal fee.

As to *treatment* of these cases, the most common is a simple Buck's extension and support by sand-bags. This may not fulfill the indications and resort must be had to a Smith anterior splint, or simple rest in bed and support by pillows. A very satisfactory method is a modification of Buck's, by which counter-extension is made by a broad band passed around the upper third of the thigh, extension being made by a pulley so arranged that the direction will be outwards, upwards and backwards.

The following cases are illustrative of the points I have endeavored to bring out:

Case I.—Mrs. W., aged 50, had a fall from the rear end of a wagon, fracturing neck of femur within the capsule. Had all the cardinal symptoms of the injury. Treated by Buck's extension, recovery complete with shortening of over two inches; was very lame but walked comfortably with crutch. Lived more than 15 years afterwards, dying, I understand, with Brights.

Case II.—Mrs. G., aged 74, of fair health for her years, was thrown backwards by premature starting of a mule car before she was seated, fracturing her hip within the capsule; all cardinal symptoms present. Treated by Buck's extension. The accident happened May 11th and she died July 29th. Her executor received damages from the street-car company. There was in this case a condition of progressive depression from the time of injury. After hot weather set in, diarrhea developed and proved to be intractable from the beginning.

Case III.—Rev.—, aged 79, of fine physique, 6 ft. 2 in. in height; health had not been good for many years before injury. Fractured hip in act of walking across the floor; usual symptoms present except that pain was unusually acute and no relief came until Smith's anterior splint was applied; but though there was no pain on the injured side, that in the uninjured limb was excruciating for several days. Progress of the case uneventful for about 18 days; then there was increasing weakness; about 24 days after injury mind began to wander and he became unconscious and died on the 28th day after injury.

Case IV.—Mrs. B., aged 84, fell down three steps fracturing her hip. Protracted but uneventful progress of the case; she lived for ten years afterwards but never walked again. It was remarkable that she should have done so well, as she was treated at home and under most unfavorable circumstances.

Case V.—Mrs. H., aged 53, of New York, a guest of the Jefferson Hotel, was just behind her niece going out of the Main street entrance, when, the wind blowing in the swinging door, her niece stepped back to avoid being struck, bumping against her, causing a slight twist of her body and fracture of the neck of the femur without throwing her down. The previous history of this

patient was bad. In the preceding six years both breasts had been removed for cancer, and she had taken no end of treatment along all known preventive lines to avoid recurrence of the disease. Dr. Stuart McGuire was called in consultation and attended this case with me. An adverse prognosis was given in the beginning and I expressed the opinion, in which Dr. McGuire agreed, that there would never be any repair and that she would not live six months. At the end of four weeks she was removed to Oyster Bay, N. Y., traveling by sea, and died at the end of four and a half months from the time of injury.

CASE VI.—Boy, aged 16, was leading one horse and riding another when the led horse broke away. In going after it, he was thrown over the head of the horse he was riding. I saw him about an hour afterwards. There was no symptom but pain in the hip. He was carefully examined under the influence of an anesthetic by every known method exeept the X-ray, which was not used for the reason that there was no electricity in the house; and further, as the accurate diagnosis was not essential to treatment and the circumstances of the father were straightened, I desired to save him the expense. He was treated at home; at first, a Buck's apparatus applied to ensure rest of the limb, but on my visit next morning I found it a wreck. It was removed and the boy kept quiet in bed until he could sit up without pain. Sixty days after the injury, he was walking about with a cane, and careful measurement did not show any shortening. About six weeks subsequently, his mother came to my office and insisted upon having a radiograph made. This was done. Dr. A. L. Gray who first, at my request, measured the limb finding a quarter of an inch shortening. The X-rays showed a frature or, rather, a separation of the neck of the bone at its juncture with the inner side of the trochanter major of about one-eighteenth of an inch. After this, I asked Dr. Hugh Taylor to examine the boy, which he did, stating that he could not have made a better recovery under any circumstances. The boy walked upstairs without any support, one foot after another just as any one else would do, and on a level without limping. At the time I saw this case, after much careful examination I was unable to make a diagnosis of fracture and so stated to his family; and the diagnosis was not clear until the radiograph was made.

I have been somewhat explicit in detailing this case because it is the type of those that may cause trouble to the attendant physician or surgeon. In this case, because of the hope of gain, the bad advice of friends or the inspiration of the Devil, a surgeon was consulted and, bolstered by his opinion, it was placed in the hands of a prominent lawyer to bring suit against me for damages. The lawyer played a strong game of bluff, but when he found I stood pat and was in for a fight to the finish, he dropped the matter and the suit was never instituted. I never got any fee for my trouble and had to pay a legal fee besides. I am constrained to believe that the matter would never have gone as far as it did if the professional brother had sat down on it when consulted about the case. I have prevented suit for damages against a doctor in better cases than this when I have been consulted.

CASE VII.—A lady, 89 years of age, got out of bed just before day and, losing her balance, fell, striking the thigh just at the gluteo-femoral fold, fracturing the neck of the bone. I saw her within an hour and recognized all of the cardinal symptoms of the injury. She experienced less shock and pain than I have ever seen in this injury. A Buck's extension was applied and the patient made comfortable. Though a woman of delicate physique, she was rarely more than indisposed. Six months prior to this accident, Dr. Stuart McGuire had removed a malignant growth from her forehead. The wound was subsequently treated with X-rays by Dr. A. L. Gray and repair was so perfect as to leave no cicatrix. The case progressed uneventfully for about 15 days with the exception that she was very wakeful at night and, most of the time, exceedingly nervous. I had been her physician for fifteen years and had always known her to be of an exceedingly nervous temperament. In spite of the greatest care by an exceptionally good, trained nurse, she developed a sore at the end of the sacrum. During the third week of her confinement, thinking the sleeplessness and nervousness might be due to the constrained position on her back, I removed all the apparatus and at night turned her on her right side; the left hip was the injured one. She passed a comfortable night. The next morning, when turned on her back, there was seen a spot of gangrene as large as my hand, on the outside of the thigh just above knee, and one on the outside of the calf of the same leg. In the next few days she developed large spots of gangrene on various parts of the trunk, nor were they in any instance where there had been undue or unequal pressure. Her mind began to wander; she drifted into coma and died on the twenty-fifth day after injury. I was unable to detect any complicating disease of any internal organ. This case especially emphasizes how doubtful is the prognosis, for I never saw a patient do better for the first two-thirds of the time after injury.

Remarks.—In this paper I have endeavored to emphasize two facts: First, that in some cases of injury of the hip within the capsule, the best men may be in doubt as to diagnosis; and the importance of taking such precautions as will prevent a suit for damages for malpractice. Second, that intracapsular fracture of the neck of the femur in the aged is an injury of greatest gravity, and no matter how well the patient may appear to be doing, a guarded prognosis should be given.

Some Facts and Theories of Pellagra.*

By H. E. Connell, M. D., Chester, C. S.

While material is being collected as to the nature of Pellagra, it is the duty of every practicing physician to contribute his mite, and will say that the facts herein set forth are drawn from my personal experience with twenty-four cases in my home county of Chester, dating up to 1903.

After the Conference of last year which was largely attended, and in which so much interest was shown, I had hoped before another twelve months had rolled around we would not still be groping in the dark, but that we could lay our finger on the etiological factor and say this fungus, this bacillus, this protozoo, causes Pellagra. And even that the name itself be found a misnomer. Then too a specific cure had been hoped for, either medicinal or a serum, but still we must wait and listen to the theory of the Zeist and Anti-Zeist.

In each of my cases there has been a definite history of corn products of questionable character being used, and this puts me in the class with those still holding to the maize theory. Then too I cannot pass lightly over the history, experience, and teaching of the past 175 years. As we were wont long to associate malaria with damp, low land and stagnant water, the sleeping sickness with living near rivers and lakes with wooded shores, so must we associate Pellagra with spoiled corn. But why Pellagra in America at this late date when corn had been the staple food, even before civilization came to our shores. Indeed it seems strange that after the lapse of centuries a disease due to co n should come back to us from the old world when the seed was first obtained in America. I believe this due entirely to the changed methods of cultivating and harvesting corn, whereby un-matured corn is placed in the most favorable condition for fermentation and fungus growth.

Always handled in large quantities and by machinery with no means by which the damaged or rotten corn is separated from that which is sound and suitable for food, it is meal from such corn as this that most of us use if we eat corn products at all. In my town, with a population of eight to ten thousand, if you had good sound corn that you wished ground into meal, you would have to send it five miles to the nearest mill, and then with the possibility that your meal be infected with the fungus of spoiled corn being ground just before yours. Often the doctors are asked, Why don't all of us have Pellagra, because nearly all Carolinians eat corn in some form? My reply is by explaining the different degrees of resisting power peculiar to each individual. They had as well ask why all of us do not have tuberculosis or typhoid fever. Often the laymen ask me if it is contagious. My reply is in the negative, for if it were with the association I have had with my cases, I would have contracted it. But it is always well to say that the only sure way to avoid it is to avoid spoiled corn. The fact too that so seldom more than one case occurs in a family is against the idea of contagion. In my experience in only two instances have more than one case been observed in the same family.

I have here a photograph of a healthy baby three years old who nursed a Pellagrous mother. (Exhibit photo).

From the similarity of the disease in all cases I am lead to believe that it is due to a fungus or a bacillus with their toxines associated with spoiled corn. It's port of entry is through the stomach and intestines and when once ingrafted it is hard to dislodge. All these cases had in the beginning a stomatitis, salivation, burning in the stomach and diarrhœa, more marked in some than in others. The slower developing cases usually present these symptoms twelve months before the rash appears, the acute cases after a few weeks.

By this rash we make the diagnosis of Pellagra—the blood showing no specific organism, varying from the normal only by a slight lymphocytesis, and the urine and stools, no amœba, no bacillus as yet of recognized pathogenicity. I further believe that this fungus is unaffected by heat or which is more probable, enters the stomach with poorly cooked food. This occurs to me because apparently cured cases relapse after corn products are used even of the the best quality.

While the stomach and intestines are the primal foci, I think most of the symptoms are produced by the action of the toxines on the nervous system as the history of the following case will show:

Mrs. C. F. S., age fifty-eight. Good family history, eight children all healthy,

*Read before recent meeting of the National Pellagra Conference held in Columbia, S. C.

Lived on farm with good hygenic surroundings. Was called to see her on December thirty-first with slight cerebral hemorrhage affecting the right hand and with slight aphasia. No heart or kidney lesion. Arteries somewhat sclerosed. Advised light diet with plenty of milk and mush. May the twenty-fourth she had a second attack of cerebral hemorrhage, was completely unconscious for several days, right hand and foot paralyzed. Consciousness slowly returned, and gradually some use of the foot but not much of the hand. Was in bed three or four weeks, then up in a roller chair. September the fourteenth was again called to see her and found her with a sore mouth, salivation, burning in the stomach, diarrhœa and a slight rash on left hand which in a week's time was typical *but no rash on the paralyzed hand.*

This to me was a point of interest and I reasoned, whether correctly or not, that the motor area in the brain being damaged and the tropic nerves along with the motor being degenerated could not transmit the stimulus from the toxines to the skin and produce the erythema. This patient did not improve under treatment and died suddenly October 2nd, 1909, from cerebral hemorrhage.

Of the nine cases observed in death the minds of all were affected except the case which died suddenly already referred to. In all, the last few days of life was distressing. Of the ten cases seen until the 1st of January, 1909, seven were women and three men, and singularly all the women are dead and all the men living and apparently well. One of whom I present today.

Mr. W. W. Mc., aged sixty-nine. During the summer of 1906 was treated by Dr. J. M. Price, was so reduced by the disease and mind so badly affected that if he got a short distance from his house he was unable to find his way back. Was seen and treated by me for Pellagra during the spring and summer of 1907. Had all the typical symptoms, profuce erythema over both hands—the scars of the ulceration you can see yet. Treatment: fluid extract Hydrastic, fifteen drops before meals and ten drops Nitro-muriatic acid after meals. Plenty of milk, eggs, orange juice, and vegetable broths. Strong leucodescent lamp applied to his hands and over the region of his stomach until the skin was reddened. This light treatment was applied by Dr. J. G. Johnston. He has been out of doors during the summer of 1908-1909, during which time he has taken no treatment yet has not had the return of the slightest symptom. Has never eaten any more corn-bread.

Of the fourteen cases seen this year the proportion of males has increased to the same as that of females, seven of each. Of these one female (white) and one male (colored) have died. Of the 24 cases four were negroes. Three of these I prescribed for during the summer of 1908, as suspected cases of Pellagra, only to have my suspicions verified the following spring. The rash is not so distinct or so easily recognized as in the whites.

From these cases it seems that no age or sex or race is exempt. In my earlier experience women seemed to be more affected than men, and not until this year did I see a negro with the disease. It may be that the negroes have a greater immunity as we all know they eat more corn-bread than the whites.

The course of the disease has varied from three years to a few weeks. The most acute case being Mrs. B., with this history:—

Developed diarrhœa and sore mouth in August and was sick about three weeks when a rash appeared on her hands. Rash was severe and extended high up her arm. After paying her a few calls, thinking it a simple diarrhœa, was suprised to find it a Pellagrous rash when I was called in again. Her baby was weaned and is now in perfect health. This is the most acute case I have seen as the prodronal symptoms were not longer than three weeks. Treatment: Fowler's solution and Hydrogen Peroxide. In two weeks the sore mouth and rash was gone and she seemed well as you will see by photo. (Exhibit photo.). She does not eat any more corn bread.

In regard to treatment will say that atoxyl was given widely this year but not hypodermically as the patients were not directly under an attendant capable of giving these injections. The results have not been superior in my hands to Fowler's Solution and Hydrogen Peroxide. The leucodescent light had the most beneficial effect on the erythema of any remedy tried. The two little boys whose histories are here attached were treated with Fowler's Solution, the older one receiving Atoxyl in the beginning and later changing to Fowler's Solution and Hydrogen Peroxide with equal or more benefit. The younger was treated entirely with Fowler's Solution and Hydrogen Peroxide.

L. P., age nine. Father and mother both healthy. Bowel trouble began in March, 1909, also sore mouth. History of some bowel trouble in summer 1908. Skin eruption first seen in June. Rash on hands, feet, and legs, and a ring around his nose like a collar. Treatment Atoxyl and Hydrogen Peroxide, later Fowler's Solution. Much improved.

J. P., age five. Bowel trouble began about last July. Skin eruption came on the last of August, very distinct on hands, feet

and legs. Both boys ate toll corn last year and shipped meal this year. Treatment, Fowler's Solution. Very much improved.

The only case treated with Soamin was Mr. McD., who was treated with it here in the State Hospital for Insane and is being continued once a week in my office.

W. S. McD., age 40. Farmer. Had rash on hands and sore mouth but not much diarrhœa during summer of 1906–1907. Was diagnosed as Pellagra by me in the spring of 1908. Had some treatment but not continuous. During spring of 1909 the sore mouth and rash on hand was worse. Was treated with Atoxyl and hydrogen Peroxide without benefit. His mental symptoms becoming so bad that on April 10 he was committed to State Hospital. Here he received Soamin and now you see him today apparently well. During the spring of 1906 he ate meal from toll corn. Does not eat any more corn bread, but says he did eat some roasting ears while in the hospital and it did him no harm.

Realizing that conclusions drawn from a few a cases are apt to be falascious, these opinions here expresses are in no way meant to be final but are meant to be changed when the weight of evidence tips the balance in another direction.

Clinical Observation of Four Cases of Pellagra.*

By Rea Parker, Ph. B., M. D., First Assistant Physician, Eastern State Hospital, Williamsburg, Va.

Since 1735 pellagra has baffled the skill of many of the most eminent scientists of the world; first occurring in Spain, then in Italy, where it followed shortly upon the introduction of maize into that country, and thence from first one country to another it has slowly but persistently spread its wings of terror until its shadow threatens practically every nation of the world. The combined efforts of nearly every nation have accomplished but little and the malady is now in practically the same chaotic state that surrounded it a hundred years ago. With the exception of the occurrence in this country of a sporadic case reported in 1902, and one or two doubtful cases previously reported, America was singularly free from this disease until 1906 when we suddenly found ourselves the victim of this dreaded disease which has provened a veritable scourge to portions of Europe and other countries.

It is earnestly hoped that we, ourselves, may be able to do something to check the progress of this disease, or to stimulate others to a speedy solution of the problem.

In presenting a clinical report of some of the cases that have come under my personal observation, it is not with the idea of contributing anything new on the subject, but rather to give the profession at large a general idea of the disease as it exists in Virginia. The following report is fairly representative of the malady as it is seen in that State.

In September, 1908, pellagra first appeared in Virginia in the Central State Hospital on the wards of the writer. Today there are about thirty cases reported, with doubtless twice as many more either unrecognized or not reported to the Board of Health; of this number twenty occurred, or were first recognized, in the State Hospitals for the insane.

Case III.:—Geo. M. (508) Admitted from Accomac County April 10th, 1887; white; age 46; single; occupation farmer; habits not given; no history of heredity; suicidal tendency. Duration of insanity previous to admission four months; cause unknown. Upon admission mental symptoms indicated dementia praecox. There was nothing of special interest in his history since admission except a chronic ulcer over left mastoid region until last Spring at which time dementia became more marked. During June and July the irregular diarrhœa became worse, appetite fickle and the skin on back of hands red and indurated. Over the forehead and portions of the face the skin was covered with dirty brownish scales about ⅛ inch in diameter. The removal of these scales with soap and antiseptic solutions left that portion of the skin covered with dark liver-colored spots over which new scales soon formed. The sebaceous glands were hypertrophied and occasionally covered with a fine mealy looking substance. The patient was mute most of the time and it was with difficulty that he could be induced to reply to questions. Treatment had no effect and his condition remained pretty much the same throughout August and September. The reflexes were diminished, pupils sluggish, gums red and spongy while the flow of saliva became increased. About this time a systolic murmur could be heard over the mitral area. The patient had become very weak refusing both food and medicine. On October 5th the abdomen became distended. Three days later there was positive evidence of fluid in the abdominal cavity. I tapped him withdrawing about 95 ounces of fluid which showed nothing unusual under the microscope. The patient, though shocked for several hours before operation, seemed to be relieved for awhile but continued to grow weaker dying at 11.30 p. m. Post

*Read before the National Conference on Pellagra at Columbia, S. C., Nov. 3rd and 4th, 1909.

mortem not obtained.

Case I. History obtained from son and commitment papers. Family history negative. Personal history: J. E.; white; male; Virginian; age 55; farmer; education fair; married, with several children, all of whom are healthy. Patient has lived in country all his life; early habits regular; *ate largely of corn*. In the Spring of 1902 his health began to fail; showed indisposition to work; suffered with headache and vague pains throughout the body; intermittent diarrhœa; slight reddening of back of hands, forehead and neck; insomnia developed, followed by train of mental symptoms, refusing to see his best friends; claiming he was lost and failing to recognize family; committed to Southwestern State Hospital 1903. Diagnosis: melancholia; discharged in few months as recovered. Each succeeding spring brought a return of the symptoms, the physical predominating—diarrhœa, and skin lesions with increased severity. Moved to Prince George County, Eastern Virginia. 1906. Drank heavily a part of 1907. With the exception of a slight mental depression the symptoms cleared up during the Winter. In the early Spring of 1909 the trouble reappeared in a greatly exaggerated form.

Admitted to the Eastern State Hospital, July 26, 1909. Upon admission examination showed the following:

Nervous and Mental Symptoms: Speech slow but slurring; unsteady gait; Romberg symptom; Argyll-Robertson pupil; patella reflexes dimsnished. Patient said he slept but little. There was marked depression with some irritability. He was apprehensive, though had but little insight into his condition and showed defective judgment.

Physical Symptoms: Slight mitral lesion; pulse 95, small and irregular; arteries somewhat atheromatus.

Respiratory System: Negative.

Alimentary System: Tongue coated; breath offensive; appetite poor; stomach, liver and spleen showed nothing of interest; slight serous diarrhœa.

Skin: The skin over forehead was very red and rough. The back of the neck and suprascapular regions were red and indurated, and to a certain extent extending around the neck. The back of the hands extending from the junction of the first and second joint of the fingers to a point about one inch above the styloid process of the ulna, showed dry; furred scales, beneath which the skin was dark red. The dorsal surface of the forearms presented the appearance that the skin would show about two days after a superficial scald.

Course of the Disease: For the first week his condition remained about the same as upon admission. The diarrhœa became worse and not amenable to treatment. Salivation also began about this time. The tongue became red and slightly swollen. Thee conditions gradually grew worse, and at the beginning of the third week after admission nausea and vomiting set in, at the same time the reddened tongue became denuded. The skin condition on the back of the neck and suprascapular regions gradually cleared up during this and the preceeding week and the skin over the chest and elbows began to show evolvement. The perineal region became red and edematous. During the fourth week conditions remained practically the same as third week with added loss of appetite—the patient refusing food, but craved acids, which he refused when offered him. At the beginning of the fifth week the evolvement of the skin over the breast, which began about the middle of the fourth week, became more prominent, and by the end of this week it involved the supraclavicular regions, having a triangular shape, the base of the triangle being formed by the clavicles w th the apex extending to the epigastric notch. While this was the area involved it did not show a well defined line of demarcation until the latter part of the week and the beginning of the sixth week. The skin on his forearms during this time had become dry and scaly. Physical decline and general weakness was more rapid during the last few days of this week. At the beginning of the sixth week the skin condition over chest showed a line of well marked demarcation, the skin being thickened, pigmented and somewhat roughened. The diarrheal condition remained unchanged. He became so weak that he was unable to raise himself in bed. Tongue remained red and denuded. About this time the patient began to show marked dementia which became continuously pronounced. The perineal condition improved, while the other skin conditions remained as last stated. At this time he was taking nourishment better.

On the morning of the thirty-eighth day he had a mild convulsion, pupils becoming irregular, dilating and contracting alternately without any external stimili. This phenomenon was irregular in its behavior—one pupil contracting while the other dilated or remained inactive. The condition is one which, so far as I have been able to find. is not recorded by any writer on the subject. During the afternoon the patient was, at times, excited. The next day he began showing hallucinations, both auditory and visual, also expressing some few delusions. Patient continued in a delirious condition this and the next day, dying at 3:45 o'clock

the following morning.

Repeated urinary examinations showed acid reaction, specific gravity varying from 1017 to 1020, indican, few epithelial cells and an occasional hyaline cast. Examination of feces showed no evidence of hookworm. Several blood counts made during the third and fourth weeks showed polynuclear neutrophiles, 88 per cent; lymphocytes, 12 aer cent; large mononuclear, 4 per cent; transitional, 3 per cent; polynuclear eosinophiles, absent; mast cells, 2.5 per cent.

In conclusion I wish to enter a plea in behalf of those already affected and of those who are liable at any time to become the victims of this disease, that this Conference, representing as it does nearly every State in the Union and many countries, request that the pure-food law shall apply especially to maize. Each State should pass and rigidly inforce laws relative to the method of cultivating, harvesting, maturing, protecting and milling Indian corn.

I do not, gentlemen, wish to appear an alarmist but why defer adopting the example set us by other countries that have contended with this malady for centuries, until thousands and millions of useful lives are sacrificed and the *influence of heredity* defies the nation for hundreds of years?

NOTE:—It is a most difficult problem to estimate the prevalence of pellagra in Virginia at this time, being at that season of the year when the most commonly looked for symptom (skin lesion) is either absent or not typical and many other symptoms are undergoing a remission. Too, the physicians are trying to be conservative for fear undue alarm be created by the report of false cases. For this reason, if no other, such sensational accounts of the disease as appears in magazines and daily papers, should be discouraged in every way possible.

The writer has under observation several doubtful cases of pellagra which he fears will develop typical symptoms with the approach of Spring.

Etiology and Pathology of Pancreatic Disease.*

By H. Eugene Mitchell, M. D., Birmingham, Ala.

The study of Etiology and Pathology of Pancreatic Disease is a very interesting and instructive one. As a rule the text books are rather shy on it. In fact the knowledge of most of the diseases of the pancreas is gained only at autopsy. There seems to be no absolute symptoms which reveal their existence except possibly in a limited number of cases. However, in a small per cent of exploratory operations they are found to exist.

Now, as to pathology, we find in general venous congestion the pancreas would likewise be congested, while in the aenemic and cachetic individual we find a small pale one.

A very important thing is hemorrhage in and around the pancreas.

The causes may be classed as traumatic rupture, as from a blow or sudden pressure on the abdomen; rupture of the sclerotic arteries in arterio sclerosis; rupture of aneurism of the pancreatic artery; erosion of the splenic artery by a pancreatic cancer; hemorrhage occurring during general sepsis or extreme uremia, etc. Such hemorrhage may be of different degrees, i. e,, numerous small ones without any serious results, or we might have a sudden or large one that would cause almost sudden death. (Such a death might be mistaken for apoplexy or so-called heart disease.) Again, a large one encapsulated may form, causing pressure on the neighboring organs; or a small diffuse one may occur in the gland, causing a fatty degeneration leading, also, to a very early death which is presumed (Seitz) to be from pressure on the sympathetic nerve and ganglion causing a severe reflex depreesion on the brain centers, namely, the cardiac, respiration, etc.

Inflammations:

Primary inflammation is rare and of very doubtful etiology. Secondary are more common and have degenerative parenchymatous pancreatitis, which occurs in the infectious diseases, such as pyaemia, typhoid, etc. Macroscopically the gland is thickened, cloudy and red.

Acute hemmorrhagic pancreatitis is an inflammation of the gland in which small hemmorrhage takes place, and comes on suddenly with marked digestive disturbance, peritonitis and probably pulmonary oedema; this, too, might be mistaken for apoplexy or disease, for here death soon follows. Experiments with animals in which a rapid trysin digestion was produced we have a similar picture. "Hlava" thinks that hyper acid gastric juice getting into the pancreas may explain the cause of this condition. He injected Hcl. experimentally and reproduced a hemmorrhagic inflammation and fat necrosis in the gland. "Hildebraudt" thinks that following a catarrh of the duct there is a strangulation of the pancreatic juice and a subsequent digestion of the gland which gives rise to the hemorrhagic inflammation. This occurs more frequently in men than women, perhaps ten to one, and it is thus probable that indulgence in alcohol plays a very prominent part in its production.

*Read before the Jefferson County Medical Society, October 25, 1909

Necrotic pancreatitis may be caused by infection through a deep stomach ulcer, or occurs as a metastatic process in pyaemia. Apostematous pancreatitis is analagous to parotitis and is an ascending infection from the dulcts. Here the gland swells, is hard and contains scattered areas of pus. This goes on to abscess formation which sometimes breaks into the stomach or intestines. This condition is accompanied or followed by suppurative pancreatitis.

Some writers (Opie, Finche and Simmons) think that gall stones in the lower part of the common duct may cause bile to enter the pancreatic duct, thus causing various inflammatory processes of the gland.

Chronic interstitial pancreatitis is a chronic inflammation of the gland, characterized by an increase of the connective tissue, which may cause the gland to be larger, but sometimes smaller than normal. The thickening and hardening is sometimes confined to the head of the pancreas. When so situated it may cause pressure on the common duct and produce a jaundiced condition which may be secondary to chronic catarrh of the duct or may be caused by pressure of pancreatic stone on the common duct or cancer of pancreas or duodenum. Of the general causes perhaps syphilis and alcohol are the most common—alcohol causing it probably by exciting catarrhal inflammation of the duct. The syphilitic type, however, is a syphilitic cirrhosis and occurs more often in the congenital than the acquired form. The increase in the connective tissue may also accompany the infections granulomata, or tumors of the pancreas. Syphilis may also occur as gumata; this, however, is less common than the interstitial type.

Tuberculosis is very rare. We have degenerations of the pancreas, as an atrophy, which may occur as an accompaniment of senile marasums, or in cachectic conditions (the normal weight is 90 to 100 grams) may atrophy to 40 grams or even less.

In many cases of diabetes melitis the pancreas is found to be atrophied (not always so). Von Hauseman found in 40 cases of so called pancreatic diabetis that 36 showed atrophy of the glands. They appeared of soft consistency, dark colored and adhered to the surrounding structures. Microscopically an interstitial inflammation was present, characterized by an increase of connective tissue and a small round cell infiltration, etc.

The number and size of the islands Langerhans are decreased. These islands also show sclerosis and hyalin degeneration, and the exact relationship of these changes to diabetis has never definitely determined. However, as yet the histogenesis, anatomy and physiology of the islands of Langerhans themselves are not clearly understood. In dogs in which the pancreas is removed diabetes melitis occurs (Von Mehring, Mukowski and others). So, evidently, the normal sugar metabolism in the body depends on the integrity of the pancreas.

Amaloid degeneration may accompany general amaloid disease. Simple fatty degeneration may also occur as in phosphorus poisoning. Pigmentation (Brown) of the cells occurs in hemochromatosis.

Fat necrosis—This condition may have pathological significance of varying character. Very often small areas of necrosis in the intra-abdominal fat may point directly to some pathological change in the pancreas. The fat in the pancreas, omentum, mesentery, as well as the sub-peritoneal, sub-cardial and sub-plural, is most often affected. Small areas in the fat become necrotic. These areas are from pinhead to small finger nail in size, are white or yellowish white and opaque and are soft or hard.

Microscopically the fat cells are granular and as a rule contain fatty acid crystals. The areas of fat necrosis are due most likely to the action of fat ferment (enzyme) of the pancreatic fluid on the fat. The ferment splits neutral fat into glycerine and fatty acids. Some of the acid crystalizes while the remainder combines with calcium.

Fat necrosis may occur in the following conditions, viz: traumatic rupture of the healthy pancreas, in cases of pancreatic stone causing obstruction to the pancreatic secretion with subsequent inflammatory changes in the gland, in cases of obstruction of Wirsing's duct by compression by cancer of the head of the pancreas, duodenum, gall bladder, bile ducts, etc., or in cases of stone in the common duct; or, again, in cases where the pancreatic duct is closed by a mucus plug in severe catarrhal inflammation of the stomach, duodenum, etc., in cases of acute hemorrhagic pancreatitis. Here fat necrosis is more marked. In cases of pancreatic abscess or in pancreatic cyst which have ruptured, giving rise to peritonitis, etc.

Pancreatic stones are rare, but are occasionally found at autopsy. They vary from a pinhead to walnut in size, and may be caused by catarrh of the duct, etc. These may cause an induration of the connective tissue; infection and abscess formation, cyst formation, fat necrosis, etc. Gall stone and pancreatic stone sometimes coexist.

Tumors—These may occur, but both malignant and benign are extremely rare.

As to cancers—The primary carcinoma is most important, which usually occurs after the fortieth year. This is usuallyaccom-

panied by epigastric pain and marked digestive disturbances. Of the other forms, I will not mention them. However, they most often occur in the head of the gland, and are from hen egg to fist in size. These cause pressure on the common duct, which usually causes bile obstruction and engorgeof the gall bladder, later on thrombosis of the portal vessels, and a chronic passive congestion of the spleen, stricture of the duodenum, etc.

Metastasis is usually found in the neighboring glands and in the liver.

Secondary—Cancer may occur by continuity, i. e., by direct extension of cancer of stomach, duodenum, gall bladder or bile ducts.

As to cysts—we may have retention cysts due to damming back of secretion by some obstruction to the duct. These may be small, multiple or solitary. We may have a so called cystic degeneration, as result probably of an interstitial inflammation, small stone, etc.

Large round cysts are clinically most important and demand operative treatment. They are situated usually in the tail of the gland and usually contain a bloody colored fluid. Often the connection of the cyst with the pancreas is difficult to find at operation. They may project between the stomach and transvere colon, above the stomach or below the colon. There are many theories as to the cause of this class of cysts. Most important, perhaps, is retention cyst in which hemorrhage has taken place, primary traumatic hemorrhage out of which the cyst eventually formed (so called apoplectic cysts), secondary hemorrhage in changed tissue following softened fat necrosis, etc.

Hydatid cysts occasionally, but are very rare.

The Pellagra Diathesis.

By Chelius S. Pixley, M. D., Winnsboro, South Carolina.

At the termination of my contribution to Pellagra in the December Charlotte Medical Journal, was noted a criticism that the subject of "rancid fats" had been "threshed out" over sixty years ago, and there was nothing in it. This criticism may be considered hasty, as the author of said criticism had heard only one third of the paper, as the time limit terminated the reading at about that point. In Fothergill on Indigestion published in 1881, in the section devoted to "digestion of fats" we read: "The whole subject is in its infancy, so far as our acquaintance with it is concerned". Quain, in 1884, writes: "Acids are constantly passing out of the body by the lungs, the skin, and the kidneys. These acids are formed within the body by the disintegration and oxidation of the tissues and food". (He might have added also, I think, by the introduction of fats in which decomposition has begun before ingestion). "The quantity of acid matter passing through the blood on its way to the lungs, the skin, and the kidneys is considerable, since it is shown approximately that a healthy man passes through the lungs and skin daily about 28 ounces of carbonic acid, and that the acid excreted by the kidneys daily is equivalent to about 31 grains of crystalized oxalic acid: While the volatile fatty acids passing off with the sweat have not yet been satisfactorily calculated." Can this subject be said to be thoroughly "threshed out" before such knowledge has been obtained or before we can even guess at the per cent of volatile fatty acids in the blood in cases of Pellagrous nerve and skin lesions? We may, I think, dismiss that criticism from further consideration. Permit me to quote from Dr. Quain still further: "The mucous membranes and the skin chiefly suffer in acidity which may cause catarrh of the bronchial *gastro-intestinal*, and *genito urinary tracts*. Acidity manifests itself in the skin by attacks of erythema, herpes, eczema, and urticaria." Returning to Dr. Fothergill, above quoted, we read, that "one of the frequent outcomes of indigestion of fats is the production of an acrid acid in the stomach. This seems to be one of the fatty acids, probably butyric, and is *very acid in its properties*. It causes a bitter pungent taste, felt at the root of the gullet, which is termed "cardialgia." Another is "Pyrosis"! The flatulency produces "palpitations", or "intermittent" cardiac action. Then there is pain at the pit of the stomach. The throat is sore, or uncomfortable. The tongue is swollen, or relaxed, or raw, or irritable, or foul or loaded, or fissured. "Skin eruptions are frequently linked with these disturbances and are only curable by putting the digestive organs in order. Headache is very common. The mental discomfort, the sense of wretchedness and inability to collect the thoughts, is to many their greatest trouble. The brain is disabled for a time. This mental attitude of gloom, apprehension, distrust and incapacity intensifies the physical discomfort. The physical suffering is aggravated by mental misery, compared to which it is as nothing". Does anything written about Pellagra in these latter days excell the accuracy and vividness of those descriptions? These were written about decomposition of fats, etc., *after they were ingested, consider how much more certain the ingestion of rancid fats daily would produce these symptoms in an aggravated type.*

The celebrated Belgian physician, Burggraeve, was the most prominent, up to his time, as far as I know, in forcibly calling attention of physicians generally to the importance of considering the "diathesis" of the patient, when outlining care and treatment. He gave a list of those diatheses, which are probably familiar to all, and mentioned the occurrences of combinations of two, or more, of those in the same patient at the same time, together with the necessity of considering their modifying influences on disease, of whatever kind or nature, demanding professional care. To these diatheses I would like to add the "Pellagrous" diathesis, until some better term appears. The definition of this diathesis to me, is a person whose solids and and fluids have been saturated with the volatile fatty acids. This will powerfully influence every after developed trouble, varying in its intensity from such active violence as to be the only apparent disease to modifications of other troubles strong enough, when unrecognized, to defeat efforts for their cure, but attempted enough to require close investigations to determine its existence. I have noticed it, among others, in two cases of intractible neuralgia of the fifth pair of nerves, both of which had been abandoned to the surgeon but yielded to internal and electric treatment aided by "anti-pellagrous" measures. My limited experience shows a Pellagrous influence in troubles with the eye, and ear, and I suggest that the specialists will do well to consider it most carefully. Alienists will find, I think, that this influence will powerfully modify diseases coming within their department. As the other diatheses, or constitutional traits, when present, powerfully influence disease, and treatment, so, I think, will the Pellagrous diathesis be found equally potent and far reaching. The causes of diathesis besides hereditary influences are listed as impure air, insufficient or improper food, defective sunlight, overwork, intemperance, specific, and tubercular, and malarial infection. This certainly includes "rancid fats", both animal and vegetable.

Chronic Headache: Neurological Advances Regarding its Diagnosis and Treatment.*

By Tom A. Williams, M.D., Washington, D. C.

I. 1. The imprecision of the text-books.
   2. Recourse to empiricism.
   3. Dissatisfaction of both doctor and patient.

II. 1. Pathological researches.
   2. The new humeral pathology.
   3. The chronic meningeal irritations.
   4. Precision in neurological diagnosis.
   5. The light it throws on cerebral neoplasms.
   6. The limits of psychogenetic disorders.

III. 1. The bearing of the above considerations on treatment.

Those who, in conducting original investigations, have occasion to consult textbooks and so-called authorities have been much struck by the manner in which unblushing copying goes on, year after year. An alleged fact, an exploded notion, a demolished theory, continues its pernicious course in edition after edition after it has been "scotched" and killed by the accurate research and clear conceptions of physiology. The discouragement from this cause to the thoughtful and careful student is incalculable. Sir Thomas Fraser used to say that it needed twenty years to catch a textbook lie. Thus on account of the enormous mass and unconnected and irrevelant details which more often than not conflict with experience, the physician who consults a text-book when he is puzzled by a case of chronic or recurrent headache, has recourse to a purely empirical manner of treatment.

Very often in a case of chronic or recurrent headache, the physician, if a dose of calomel fails, begins by giving analgesics before making a diagnosis. If the headache is a metabolic, the relief obtained is only momentary, and the patient's last stage is worse than the first, for the coal tars seriously interfere with nutrition, and thus add to the burden already borne by the patient's organs. This empirical hit or miss therapy is very injurious to the doctor's respect, as failure after failure accumulates. In time he also loses the respect of his patient, as to his ability at least, and the whole situation becomes impossible. The case is labeled functional, neurasthenic, neurotic, hysteric, or whatever name it happens to be fashionable to apply to what is not understood. As a matter of fact, the headache of nervous origin should be quite easy to distinguish from the functional headache due to disorder of the body. The cause of the latter may sometimes escape us and its treatment may fail, but it is none the less physical.

In our student days it was the fashion to laugh at the pathological knowledge of our forebears, the humeralists. But modern study of the blood has changed this attitude, and we now know there is entering a

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humoral pathology which is becoming more precise daily.

The close relationship, for instance, of the epileptic diathesis to the other aenuias is an acquired clinical fact which has been ascertained by experiment on animals also. Moreover, even the cellular elements change their proportions in this condition.

Now it is becoming increasingly evident that there is a very close relationship between epilepsy and migraine; and not only that, but that there is no real distinction between the pathogenesis of a definite hemicrania with the classical onset of nausea and vomiting, and perhaps the even commoner occasional headaches not entirely lateral in distribution, and only occasionally accompanied by definite digestive crises. Moreover, the same kind of treatment is efficacious in each of these conditions. So much so, that Charles Mercier states after ten years' experience in the Charing Cross Psychopathic Dispensary, that he can cure *any* case of chronic headache which is not due to organic new formation. While not so sweeping, my own opinion has long had the same turn. I have found chronic headache of metabolic type most amenable, just as Spratling has found many types of epilepsy to be by no means the hopeless matter it is casually supposed.

In treatment, however, one must have the clear knowledge of the nutrimental processes and their disorders, and one must understand the relationship of the diet to these. Moreover, one must take into account the relationship of muscular and mental exertions and their adjustments to assimilation; and again the psychic factor in nutrition must be regulated. So that the management of a case of chronic headache cannot be learned in a day, or without much reflection.

Not only so, but this type of headache can be foreseen and its occurrence obviated. True, a minute study of the psychical symptoms is needed, which often precede its appearance even for one or two days. I have earlier alluded to the research of Mirto (1) in this direction. Two types of the reaction occur—one a depressive, the other expansive. In the former, a dull diffuse feeling in the head occurs, generally in the morning. The patient may be irascible; he may feel everything at sixes and sevens and himself incapable of adjustment. A transition to the expansive state consists of a savage manner, shown by a feeling of intolerance and energy. On the other hand, the patient may feel unusually clear mentally and capable of the very finest work. He may have a desire to relate humorous experiences, to sing, to go out and spend money, etc. Some one, or more of these symptoms is the invariable percursor of a paroxysm of headache in quite a number of cases.

Experimental proof is perhaps lacking, and even laboratory observations are perhaps insufficient to establish the direct relationship of the chronic intrseications which often cause headache, and a condition which often follows these; namely, *Le Petite Brightisme* of the French writers(2). It is pretty clear that the latter, however, eventuates into interstitial or diffuse nephritis, and clinical evidence points strongly to the direct sequence of the three conditions, headache—causing toxæmia—*Petite Brightisme*, and chronic nephritis. Moreover, the same type of treatment, while it benefits the terminal conditions, will usually remove the second, and is practically always successful in curing the first.

I need not discuss the symptoms and signs of the latter condition, but I wish to emphasize the blood pressure index of the toxic state. Its measurement should never be omitted in any case suspected of metabolic disorders, and as at least 80 per cent. of headaches are metabolic, it would be a safe rule to measure the blood pressure of every patient with chronic headache.

The Chronic Meningeal Irritations.—*Meningisme*(3) has become a definite clinical and pathological condition. It is usually the cause of the so-called nervous symptoms of exanthemata. The meningeal serosa reacts to the noxa as does the skin. Headache is usually the earliest symptom of the meningeal implication, although when the process happens to preponderate locally, a squint or a vocal epilepsy may indicate implication of the cranial nerves or cortex, respectively. Even in these cases, however, nothing may be observed with the naked eye post mortem, but under the microscope vascular hyperæmia, œdema, or cellular exudation are seen. But we do not need to wait for the death of the patient in order to be pathologically certain, for diapedesis occurs in the arachnoid sac; so that by withdrawing the cerebrospinal fluid through a lumbar puncture, we can ascertain, by counting the cells, that we have to do with an irritation of meninges. The headache is probably due to the increased tension caused by the inflammatory exudation from the meninges.

I have drawn this picture in order to illustrate the mechanism of the headache in the chronic infection of syphilis. The pain in this disease has the same pathogenesis as in that of the more acute infections. Even in the secondary period there is an abundant pouring out of the fluid and small round cells, and a tumefaction of the meninges, (4)

and it is quite possible that the meningitdes of the tertiary period are direct sequalæ of this. A few years will settle this, for in very few cases has a series of presymptomatic subarachnoid explorations been made(5). It is certain, however, that a severe chronic meningitis long precedes the clinical manifestation of tertiary syphilis of the nervous system(6). The prophylactic significance of this is quite important, for with the Wasserman test and lumbar puncture, we are now able to anticipate tabes dorsalis and paresis by long periods. The therapeutic power thus given us is illustrated by two cases, too long to cite here, earlier reported(7). It is true that the diagnosis in these cases did not depend upon the Wasserman test or lumbar puncture, and this brings me to another most important consideration.

Preeision in Neurological Diagnosis.—In the first of these cases the diagnosis was determined, primarily, by a modification of the sensibility of radicular distribution which needs for its determination a most careful neurological technique in order to avoid the sources of error inherent in exploring the sensations. The problem was to find the cause of a general infirmness and disability, headache, which had occurred without apparent cause, and was of irritative character not usual in merely metabolic cephalgiæ. The diagnosis was made even more precise by psychological examination.

In the second case psychometry was the means used for the diagnosis.

Now a neurological examination means a careful comparison of the motor functions on each side of the body by a series of test movements which clinical experience has shown to be the most convenient. It requires a careful estimation of the sensory acuteness of the patient, who must be placed in condition of position, temperature, and psychic relationship favorable to the functioning of his perceptions. The function of equilibration must be investigated by a series of tests with which recent work has furnished us(8). The various reflexes and the delicate *nuances* they reveal require particular attention. All these visible somatic reactions require for their appreciation a technical training just as arduous as that of the surgeon or bacteriologist. A neophyte can no more be trusted to form an opinion about an abnormal sensation movement or reflex than can a beginner be trusted with the Wasserman reaction.

But the psychological examination is even more difficult. The sources of error are innumerable, and only the most rigid attention to detail and critical care can prevent gross mistakes. In this field much remains to be done, and even specialists strongly feel their own imperfections in this branch of clinical investigation.

The affection in which the application of this lesson is most striking is intracranial neoplasm. It can be safely postulated that any case of chronic headache which resists general regulation of the metabolic activity where the blood pressure is not markedly increased and which does not appear to be syphilitic should be submitted at the earliest possible moment to a thorough neurological examination, including minute investigation of the psychic functions, long before papill-œdema or the inroad of new growth in the cranium can cause a modification in the functions of some center or tract. This can be ascertained by one of the number of tests the neurologist employs, even at a time when it has not yet caused the patient any inconvenience aside from the headache, and is not apparent to a cursory examination. The tremendous importance of early diagnosis of these cases is becoming more and more apparent through the advance of cranial surgery. The decompressive operation in particular in even the gravest case may so alleviate pressure as to maintain life and preserve the sight until at a later date radical extirpation of a growth becomes possible(9).

The term nervous headache should be applied only to one of psychogenetic mechanism; that is to say, one coming on in consequence of a mental or psychological cause. Moreover, a fertile source of error here lies in the imprecision of the patient's descriptions, and the name headache is often carelessly applied by a doctor who has not analyzed the patient's account or cross-examined him as to his sensations.

The so-called headaches typical of the psycasthenic state, for instance, are much more in the nature of a discomfort and annoyance than of an actual pain(10). Sensations of heat, cold, dragging, swelling to the point of bursting, twitching, gnawing, weight, or emptiness, are frequent. The localization of these sensations has not the least importance. An interpretation of each sensation has been sought in the visceral sensations which it is supposed every organ communicates, the brain included(11). The function is known as cenesthesis, but it is difficult to demonstrate this. It is pretty sure that actual pain is meningeal in origin, and that it is due to tension of the cerebrospinal fluid, and that it is a purely physical modification; although the circulatory changes which may, at least, aggravate any perturbations in intercephalic tension, can arise psychically; that is, by mental impressions or emotions. There is no direct evidence, but may there not be a blush of

the brain? It is quite certain, clinically, that some cases of headache are immediately provoked by painful emotion.

One must be careful to distinguish that which is a real physical change of state from the purely imaginary suffering of the true hysteric, who, from the intensity of her idea of pain, actually persuades herself that she is suffering pain; which is not the case, except in so far as her power of representation creates the delusion. This type of case which, as regards headache, is rare, must be distinguished from the affectation of pain in which even the patient does not really believe, but which is assumed to excite commiseration. The word topoalgia has been applied to the non-simulating type(12).

The apparent hyperalgesia of the painful regions is apt to cause confusion with a neuralgia, but in the latter the distribution conforms to that of a peripheral nerve, while the topoalgic area is that of a region; and, moreover, is sometimes variable. It may be constant, or it may occur in crises, lasting hours or days. Careful anmanesis will nearly always detect in these cases certain phobias, and a history of intellectual ruminations, tics, or besetments. The technique in eliciting the obsessive psychosis is too long to insist upon here. It needs to be carefully distinguished from hysteria,(13) as well as from the organic states which the practitioner first thinks of when bodily functions are the subject of the patient's prepossessions.

I say nothing of the headache of ocular strain or of that due to referred pain, for they are by this time well known, I imagine, to every physician, and there has been, indeed, a tendency to exaggerate its importance. The latter is comparatively uncommon, and even when chronic, occurs only occasionally in exacerbations.

We have now considered the common forms of chronic headache, and we have found much new light from humeral pathology, neurological cytology, microscopical anatomy, the work of surgeons on the cerebrum, and finally psychological analysis of the subjective symptoms.

The therapeutic bearing of what I have said has been indicated, *en passant*. Its chief lesson is the enormous importance of a clear diagnosis, from which follows the only scientific and rational indications for treatment; and it is only in this way that any considerable measure of success can be attained in curing cases of chronic headache. I cannot pretend, in a short paper, to even summarize the treatment of the pathological conditions and various data derived from considerations of chemical pathology, pharmaco dynamics, surgery, and psychriatry, but I shall have attained my object in reading this paper before you if I convince you that in the great majority of cases of chronic headache there is a way out, and that we have the power to find that way; that we need no longer search the road by trying, as we reach it, each opening in the maze until we either find the right one or the patient passes out of our hands, and moreover, that we have now more certain procedures of which to avail ourselves if we only choose to use the methods now placed in our hands by neurological diagnosis.

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13. Author; The Diagnosis of Hysteria from Psychasthenia, New Orleans Medical Journal, June, 1909; also Art Hysteria, Internat. Clin. Autumn, 1908.

Penetrating Injury oi the Brain. Recovery.

By W. Armistead Gills, M.D., Richmond, Va.
Assistant Surgeon S. A. L. Railway; Assistant Demonstrator of Anatomy, Medical College of Virginia; Ex-Student-Officer, Medical School, U. S. Army.

On December 19, 1909, I was called at 10 a. m. to the Emergency Hospital of this city to attend a white man, engraver, aged 30, who had shot himself with a .32-calibre revolver, the ball entering the right side of

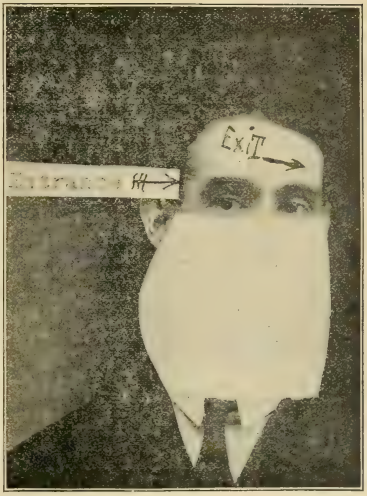
the head two inches behind the temporal ridge and one inch above the zygoma, traversing the frontal region, passing entirely through the bone of the opposite side (but not through the skin) at a point midway between the frontal eminence and the superciliary ridge, an inch to the outer side, a skin incision being necessary to remove it.

I learned that the patient had gone to his place of business as usual about 7:30 a. m., and was found on a pile of excelsior by a fellow-workman at about 8 o'clock. The ambulance was summoned, a temporary dressing applied and the patient removed to the hospital. Upon my arrival there, I found the patient almost pulseless, with breathing very shallow, but conscious—recognizing my voice. His eyes were so badly swollen by this time that one was unable to recognize him; and because of the swelling it could not be determined if there were any ocular changes present. I noted the presence of brain substance on the cheek. An incision of about an inch and a half was made through the skin and the ball removed without any trouble.

I called Dr. Murat Willis, and after consulting we agreed to take him to the Memorial Hospital after he had sufficiently reacted. This was done at 3 p. m. Treatment was tentative and conservative. Upon removal of the dressings, it was found that each wound extended to the brain. Drainage was put in each, an ice-cap applied to the head, a mercurial purge given and the patient placed in a dark room under the care of a competent nurse. The head of the bed was elevated; a saline solution, four ounces every fourth hour, per rectum ordered; the eyes cleansed with boric acid solution; the ears and nose irrigated with normal saline solution, and morphine given to induce sleep.

Being controlled by cold sponging, his temperature at no time exceeded 103.5° F., and reached the normal on the sixth day. The pulse ranged from 85 to 116; respirations from 20 to 26. Speech was, for several days, incoherent, and the patient appeared confused, making several attempts to get out of the window, necessitating a restraining sheet. The only focal sign present at any time occurred on the third and fourth days—twitchings of the toes and fingers.

About the eighth day, the edema about the eyes disappeared sufficiently for the pupil reflex to be tested, when it was found normal. Drainage was employed throughout, the wound healing by first intention,



On the fifteenth day, the patient's condition being so satisfactory, he was removed to his home, where the wounds were dressed several times subsequently. One day, while he straining at stool, owing to increased intracranial pressure, the wounds, which had not entirely healed, opened and permitted the escape of serous fluid. I was summoned and dressed them, with the assurance that all would be well, explaining that the loss of bone at the entrance and exit wounds made these points weak—that the normal resistance was gone.

After the patient was dismissed as a surgical case, he presented himself, at my request, at intervals for inspection for about three months. During this time he complained of a constant pain in the occipital region, partial deafness and loss of sensation in the finger tips, all of which have entirely disappeared.

In cases of this character, especially the one I present, the best treatment to employ, in my opinion, is conservative, only interfering when we have a specific purpose in view, and then under the most aseptic conditions.

Despite my persuasion, the patient returned to his former place of business.

I feel that it is not out of place to mention the ballistics and volistics incident to this case. The character of wounds produced by the missiles from fire-arms are dependent upon their weight, size, velocity and shape. The kind of tissue destroyed in each case depends upon a combination of these factors and the particular tissue or

structure of the body upon which their influence is exerted. A projectile can only produce a traumatism when it is in motion. A .32 calibre revolver fires a missile whose velocity is low (700 feet per second); hence, it is readily arrested and lodged, as in this case. On account of the low velocity, there is usually little lateral displacement of energy (explosive effect), and most of the bone and tissue destruction is confined to the track of the ball. When velocity is low, the entrance and exit wounds do not differ much in size, nor is there surrounding destruction of parts. The presence of lead in the tissue, as shown in the radiograph, is due to the fact that this was an unjacketed bullet and easily chipped off by bone when it passed through. Missiles of this character leave particles of lead in and about caseous tissue when they penetrate it. It appears that infection would occur in cases of lodgment with bullets traveling at such low velocity as to be stopped in the tissues, and likely convey infection of foreign matter into the wound. Experience, however, shows the contrary; or, if there be any, certainly not of a high degree with undeformed bullets—those used in civilized warfare. Missiles which have been deformed (those used in savage warfare—or the irregular shape and large size of shell fragments produce a large wound of entrance into which infection is more readily carried, and these, rather than low velocity, are important factors in the production of suppuration.

At my request, Dr. Beverly Tucker, a neurologist of this city, made an examination of the patient fourteen months after injury. His findings are as follows: Apparently in good health; answers questions intelligently with no sign of annoyance, and submitted to examination in a perfectly natural manner. I saw him wait upon several customers without showing anything abnormal. Deep reflexes preserved and equal, although both knee jerks seemed slightly diminished. The station is good with eyes open and closed. No sign of trophic disturbance; voice natural and fluent. Absence of tremor and ataxia. Absence of any disturbance of mentality. Sense of smell impaired; dry substances, such as granulated tobacco and spices not recognized. Pupils react to light and accommodation. Sensation normal.

103 N. 4th St.

The Treatment of Certain Conditions Secondary to Lost Compensation.*

By J. Garnett Nelson, M.D., Richmond, Virginia.

An attempt to undertake treatment of conditions under discussion necessitates consideration of the physiological and pathological changes of the various organs and other portions of the body affected solely by imperfect cardiac action. These changes may be generally classified as acute or chronic, local or general, active or passive, hyperemia, edema and anemia. Any of them may upset profoundly the normal physiological action of any portion of the body, but the chronic conditions alone can cause pathological changes or, at any rate, pathological changes of more than transient duration.

Active hyperemias will not be spoken of, inasmuch as although lost compensation is a strong predisposing factor, it is for the most part, at least, not directly responsible. Active hyperemia is an arterial condition accompanied by an excess of arterial blood, except, of course, in the pulmonary circuit; while what I am after now is a consideration of conditions associated either with too little arterial blood or an excess of venous blood.

The proper management of any of the above mentioned results of lost compensation requires some consideration of the blood pressure as well as the condition of the walls of the blood vessels. The condition of the kidneys also must be looked into. Indeed, the relation between the heart, blood vessels and kidneys is so intimate that at times our attention must be devoted to the vessels and the kidneys before compensation may be restored. However, as a rule, no matter what the condition of the vessels and kidneys may be, congestions and edemas are not so likely to occur so long as the heart is sound, as illustrated by general sclerosis, marked hypertension, great diminution of, or even total suppression of, the urine without any especial accumulation of blood or serum in any organ, cavity or loose tissue of the body.

Before treating such cases as are under consideration, we must decide positively, if possible, whether the heart failure has developed suddenly or gradually. For example, edematous lungs or greatly enlarged livers, when due to sudden dilatation of the heart, may be relieved in a remarkable fashion by bleeding freely; whereas, if due to a gradual dilatation, or loss of power without dilatation, or slowly progressive regurgitation, venesection would not be indicated.

The important portions of the body most apt to be seriously affected by the sudden loss of compensation are the brain, lungs, liver and kidneys; while after gradual failure we find trouble in any or all of these organs as well as any of the serous sacs, the stomach, intestines, systemic veins or any of the loose tissues. Usually, quickly

*Read before the Richmond Academy of Medicine and Surgery, November 23, 1909.

developed results, if relieved, leave no permanent traces, while those of gradual development may be permanent and irreparable. Such permanent changes may be well illustrated by those occurring in the lungs as, for example, chronic bronchitis, emphysema, asthma, or even pulmonary infarcts from stasis, especially in mitral disease with syncope, dyspnea, hemoptysis, unconsciousness and, possibly, sudden death.

In order for the line of thought I am following to be of any practical value, it must all be boiled down to just two questions: Is it true that all the results of lost compensation may appear in any one organ? And granting this, does the treatment of lost compensation depend at all directly on these results? The first question is easily answered. To illustrate briefly, it is well known that we may find as direct results of lost compensation in any one, two or more of the following conditions: Chronic bronchitis, emphysema, fibroid pneumonia, a tremendously enlarged liver similar in most respects to an ordinary hypertrophic cirrhosis, kidney lesions especially characterized by excess of connective tissue, chronic enteritis with or without ulceration, varicose veins with ulcers, tremendous ascites with no edema of the lower extremities, or vice versa, and so forth. Why these isolated, localized effects of back pressure should occur has not been made clear, but the facts remain that they do.

The second question may not in all instances be answered so readily, but in others an affirmative answer is easy. Indeed, I may say that in all the field of medicine or surgery it is difficult to find any line of work from which more satisfactory results may be expected. Given a clear and complete diagnosis, and two and two make four almost as certainly as when we are treating malaria and syphilis. The word "complete" is used advisedly here, for the reason that incomplete diagnosis of the conditions mentioned above are far more common than they should be. This is especially true of conditions within the lungs, stomach and intestines arising directly from venous stasis. How many of us are there who make routine examinations of the cardiovascular system when we prescribe for chronic bronchitis, winter coughs, chronic indigestion, diarrhea or dysentery, all of which conditions are frequently due to loss of vitality in local protoplasm that can only be relieved by attention to the heart?

In a paper of this scope, discussion of details of treatment must be very limited. The utmost ingenuity of physician and surgeon working together may be needed, and all the numerous methods of treatment peculiar to the art of medicine may have special uses. So, then, aside from surgery, the treatment may be generally classified as hygienic, dietetic, electric and medicinal. I am leaving to the surgeon pretty much all local measures, such as aspirations, decapsulations, anastomoses, or operations done for the purpose of promoting a collateral circulation. A wide field, to be sure, and one to which he should be strictly confined. It is a curious fact that although general practitioners and internists often realize their need of surgical aid, the surgeon who will not undertake to treat pretty much anything is still entirely too rare. It is also to be regretted that the need for more careful study of and greater familiarity with cardiac conditions in general, is not better appreciated by the general practitioner or internist. Of course, this applies to such conditions as complications of various diseases, especially the acute infections, possibly even more than to the subject of this paper.

In passing, I take this opportunity of saying that I believe that when we undertake to treat any of the acute infectious diseases and do not examine the heart daily, or in some cases, as, for example, pneumonia, several times a day, we are not doing our patients or ourselves justice. The consequences of our carelessness along this line are illustrated all around us in our own families or connections far too frequently. It seems to be true that the majority of deaths occurring at or about fifty years of age could, under proper management, be staved off for at least another decade. I believe that every human being, thirty years of age or over, should have his heart, blood vessels and kidneys thoroughly studied at least twice a year, about as often as we go to our dentist. We go to our dentist because we know that teeth soften or decay so gradually and insidiously that it is wise to be constantly on the lookout for trouble. The changes in the cardiovascular system and kidneys are just as insidious, and with many of us the length of our days depends directly on their early recognition. Treatment at this time may not restore tissues that have undergone pathological changes to their normal condition, but the process may be entirely arrested. And it is entirely true that routine work of this sort will frequently reveal definite local diseased conditions directly dependent on a mild but persistent venous stasis. For example, the urine may be examined and evidence of a mild interstitial nephritis found.

Demonstrating the heart's responsibility here may be difficult, but it should be positively proven or eliminated, and the treatment regulated accordingly. If we admit a growing teaching, we must believe that

chronic interstitial disease of the kidneys is frequently secondary to cardiac or cardio-vascular trouble; and the usually accepted evidences of advanced kidney disease are really but signs of general disturbance of metabolism, while the kidneys themselves are capable of doing all that would be required of them under normal conditions. The problem that confronts us now is the possibility of continuously increasing or diminishing the blood supply of any organ, establishing a sort of petcock system that we may turn off or on at our pleasure.

Of course, the simplest way to switch the main volume of the blood from any one organ is to remove it entirely by venesection, and next in efficiency comes the use of the nitrites whereby we may effect the accumulation of a large portion of the blood in the splanchnic area. If the nitrites are being used for this one purpose, they may, as a general rule, be much aided by sweating and brisk purgation.

On the other hand, generally speaking, the amount of blood reaching any given organ may be increased by local applications of heat, and the use of such means as we have at our disposal for stimulating the heart, the vasomotor center or the muscle fibres of the arterioles. Efforts along this line meet with success in direct proportion to the skill of the physician; and skepticism or any tendency to drug nihilism has as its only excuse either inexperience or ignorance.

As a practical illustration of the principles involved conditions found within the lungs suggest themselves. The most frequent acute complication is the simple congestion, suddenly developing and frequently fatal, but responding to well directed efforts in almost miraculous manner. Responding to a hurried call, the picture found, for example, is that of an aged person who has made some unusual physical exertion or undergone some extraordinary emotional disturbance and been seized a few moments later with severe and increasing dyspnea accompanied by frequent coughing with frothy, blood-stained sputum, and marked cyanosis. A rapid examination shows lost compensation as the responsible factor. A small dose of morphine should be quickly given; some surface vein, as the median basilic, exposed and free venesection accomplished. Given such an opportunity, and it is within our power to save life just as certainly as an expert swimmer does when he rescues some one from drowning.

The immediate danger of death being removed, our next object is to restore the lost compensation, all the while considering the special organs that have been disturbed. In the usual low tension condition, the indications are for rest, heat to the extremities, good ventilation, enemata or purgatives, and sufficiently large doses of digitalis, thereby helping the left ventricle to suck the blood from the pulmonary veins and increasing the driving power of the right ventricle. One of the best adjuvants to digitalis here is the sulphate of sparteine, or better still, a fresh infusion of scoparius itself, directly stimulating the right side of the heart and increasing the flow of the urine.

In order to bring this paper to a timely conclusion, I have compiled a few brief statements as to the physiological action of the best known cardiac tonics and stimulants, vasoconstrictors and dilators and their consequent indications in certain special conditions mentioned above.

Digitalis nourishes the heart muscle, enables the ventricles to suck the blood from the pulmonary and general venous circuit, increases the driving power of both ventricles and raises tension; indications, all low tension stases or edemas and secondary inflammations, e.g., anasarca, bronchitis, enteritis.

Strophanthus is similar to digitalis except for minimum effect on arterioles; the indications are similar unless tension needs special attention.

Caffeine deserves more popularity than it enjoys. It is very reliable. The sodio-salicylate and sodio-benzoate are more soluble than the citrate and, therefore, to be preferred. Caffeine stimulates the vasomotor center, increases the force of the ventricular contractions and has a decided diuretic action. Indications, low tension conditions with hyperemia or edema, and especially, dilatations in the splanchnic area with marked tympanites.

Strychnine stimulates the heart and vasomotor centers and raises arterial pressure. It is especially indicated where prolonged medication is necessary, as in chronic bronchial or intestinal troubles.

Epinephrin, generally used under some other name, as adrenalin, adrin, adnephrin, suprarenalin, causes a constriction of the blood vessels with consequent high rise of blood pressure; a stimulation of the vagus center with slowing of the heart, and a direct stimulant and tonic effect on the heart muscle. Its usefulness is limited and, for the present, must be confined to acute low tension conditions

Passing, for brevity's sake, to the opposite line of thought, namely, that in which we see the metabolic changes accompanied by increase in connective tissue and, frequently, raised pulse tension, the drugs most useful are the mercurials, iodides and nitrites. Properly selected and aided, they

are useful in all secondary fibroid conditions especially apt to occur in the lungs, cerebral vessels and membranes, kidneys and liver. The nitrites most commonly used are amyl nitrite, nitroglycerin, sodium nitrite and erythrol teteranitrate. The duration of activity of single doses is in the order named above, that of nitroglycerin being about thirty minutes and of erythrol teteranitrate about three hours.

The results of the combined efforts of the surgeon and internist are well illustrated by the history of the case recently reported by Dr. LaRoque—a decapsulation for ascites. The immediate results of the operation were truly wonderful, but the ascites and edema returned. The man is, at present, entirely free from any accumulations. Rest, purgation and digitalis were useless. Acknowledging the surgical interference as a life-saving measure, I think that the fact that he is now alive is due to sparteine sulphate and the nitrites.

Report of a Sporadic Case of Pellagra.*

By John Lunney, M.D., Darlington, S. C.

On the eleventh day of August last I was called to see Mrs. S., a young married woman of nearly 25 years of age. She was a resident of the mill village in close proximity to the town of Darlington. She had had two children that died in infancy, and one premature labor. She was afflicted with what appeared to me to be a very mysterious disease, never having seen anything like it in a practice of over 40 years.

Symptoms.—A careful examination of the case revealed a chronic dermatitis strongly resembling eczema. There was a squamous eruption on the forehead and under the eyes, extending down to the *aloe vasi*. The nasal passages were ulcerated. The mouth and tongue were also ulcerated and inflamed, the latter presenting a raspberry appearance similar to that observed in stomatitis. There was a considerable salivation of a blue, foamy, watery discharge containing occasionally a little blood and small crusts. There were multiform lesions of a bright red color interspersed with small vesicles, scales, scabs and crusts with a sero-purulent secretion under some of the crusts, extending around the neck, shoulders, chest, arms, down as far as the mammary glands, forearms and backs of the hands and fingers. The backs of the hands were slightly swollen. The dermatitis first commenced on the backs of the hands in May last after putting out some plants in her garden. On account of the severity of the cutaneous lesions the patient had to sit up in a rocking chair day and night till within a few days of her death, when from sheer exhaustion she had to assume the recumbent posture. On the lower extremities from the knees to the ankles there were small purpuric spots and small scaly patches. There was considerable itching, smarting and burning of the diseased surface all over the upper part of the body which looked as if it had been badly scalded. Other symptoms of complete anorexia, diarrhœa, insomnia and marked nervous depression amounting to melancholia persisted throughout the disease; also, headache, slightly dilated pupils, backache, fever seldom exceeding 102° F.

Etiology.—The etiology of the disease is still a matter *sub judice*. In this country the disease is comparatively new. Formerly the disease was only found in Italy, France, Spain, Romania, and other European countries, but recently cases have been frequently met with in this country—in South Carolina, Georgia, North Carolina, Virginia, Alabama, Tennessee, Florida, Texas, Kansas, Illinois, Arkansas and other States. Dr. J. W. Babcock, Physician and Superintendent of the State Hospital for the Insane at Columbia, S. C., and Dr. J. J. Watson recently visited Italy for the purpose of studying pellagra, and to their intelligent researches we are indebted for a clearer insight into the nature of this hitherto obscure disease. Dr. Babcock was the first physician in this State to diagnose the disease. Dr. C. H. Lavinder, of the Public Health and Marine Hospital Service, has also contributed largely by his patient investigation to a better understanding of its etiology, pathology, diagnosis and treatment. The general belief, however, is that it is caused by spoiled maize or Indian corn that has undergone moulding or fermentation, and that some poisonous toxin or alkaloid has been developed in it in that way. There are doubtless other contributory factors, which as yet are not fully understood, that have something to do in the causation of the disease.

Pathology.—Pellagra is the result of a series of pathological disturbances in the organism, or modified physiological processes which have a tendency to cause disease by producing disturbance in the functions of the body. These morbid processes never stand still; their tendency is to health or death. Physiological laws govern pathological phenomena, and the latter must always be submitted to the tests furnished by the former. The presence of redness, heat, swelling and pain and other symptoms indicate some serious constitutional disturbance, evidently caused by the toxins that have been introduced or generated in the

*Read before the recent meeting of the National Pellagra Conference held in Columbia, S. C.

system, disturbing nutrition and thus causing the systemic poisoning which induces the disease.

Diagnosis.—The diagnosis to a person who has never seen a case of pellagra before is difficult. In this case I arrived at a diagnosis by exclusion, that is, I found out what the disease was by finding out what it was not. I found on making a differential diagnosis that eczema, scurvy, leprosy, syphilis, mercurial poisoning and other skin diseases, did not correspond with the skin lesions, diagnostive and nervous disturbances. At no distant day we will find out the specific organism in the blood.

Treatment.—The treatment consisted of tonics of quinine, iron, strychnine, arsenic with Elix. lactopeptine; mouth wash gargle and nasal douche of glyco thymoline properly diluted; cleansing the surface (which had been covered with a domestic remedy of gunpowder), with castile soap and warm water followed by liquid green soap; flaxseed meal poultices to remove the crusts, scabs and scales; linseed oil and lime water, 8 oz. of each, with 40 drops of carbolic acid on cloths over the entire inflamed surface; powdering with boric acid, &c. The carron oil preparation relieved the cutaneous symptoms better than any other remedy employed. At night to relieve pain and procure sleep I gave 15 to 20 drops of diodorized tincture of opium with satisfactory results.

In conclusion, I might say that the disease went on from bad to worse till on September 1, 1909, when death from exhaustion closed the scene, notwithstanding my best efforts to save her. While treating this case I was called on once or twice to prescribe for her sister, a young married woman of 19, who had pellagra in its incipient stage, as manifested by an eruption on her hands and arms. The latter is now being treated by another physician.

A Case of Labor in a Pellagrin, with Subsequent History of Mother and Child.*

By Crown Torrence, M.D., Union, S. C.

As a part of the report in this case of Labor in a Pellagrin, it seems advisable to preface my remarks with a brief history of the mother previous to the accouchement. She was a native of Union county, South Carolina, white, and in ordinarily good financial circumstances; was 42 years of age at the time of confinement and had borne nine children, the youngest being then five years of age. Of these nine children four were living and in splendid health, while five had died during the first two years of their lives, one from diphtheria, one from convulsions, and the other three from cholera infantum. She was married at 19 years of age; all of her confinements being normal, and the first occurring in her 20th year. The menstrual discharges had been regular, but with a tendency to be too free and exhausting. Two years before the birth of the child in this report she developed a serous diarrhœa which attended her through the summer despite treatment. No other symptoms were noticed until the following summer, when there was a return of the diarrhœa, some digestive disturbances, much lassitude and a decrease in body weight. No regular medical service was had, except as some pronounced exacerbation of these symptoms would occur. In November of this year, 1907, she missed her regular menstruation, and on account of her weakened condition she felt relieved over this, not attributing it to pregnancy. In December, though, she became satisfied that she was pregnant, and from then until her confinement, the 13th of July, 1908, her condition to her became an obsession. The first five months of her pregnancy during the winter months were attended by much nausea, digestive disturbances, insomnia and great mental apprehension. The buccal mucous membrane during this stage had a raw and inflamed appearance, while the tongue seemed denuded of epithelium. During the last four months the nausea and stomachial disturbances were greatly abated, and the patient was hungry, but because of a return of the serous diarrhœa, was in much fear of all food, and could hardly be induced to take any nourishment. At times this diarrhœa seemed to almost threaten the onset of premature labor; but at no time during the most severe spells of diarrhœa was there any rise of temperature noted. The insomnia grew worse and the mental condition became pitiful; the daily cry was, "I would rather be dead, I know I am going to die." Opiates alone gave any temporary comfort, and because of an idiosyncrasy, the after-effects were worse than the original condition. Albuminuria, with swollen, bloated face, and dropsical swellings in the feet, legs, thighs and up to mid-wist, appeared at end of fifth month, and continued until delivery, despite treatment.

No erythema was noticed, although the patient complained of the skin over the feet and ankles being on fire. This was passed over as being due to the edema. The patient was confined to her room during the entire time of this pregnancy, and this may have some bearing on the non-appearance of any erythema. She was delivered on

*Read before the 1st National Conference on Pellagra, Columbia, S. C., November 3-4, 1909.

the night of the 13th of July, 1908, of a full sized girl baby. The labor was much easier than was expected, the placenta coming away clean, and the womb contracting down hard, without any manipulation. When the placenta came away a teaspoonful of F. E. Ergot with 1-40 grain strychnine was given by the mouth, simply as a routine. The trained nurse I had secured for the occasion felicited with me over the result, the outcome of which we had been apprehending with such great dread.

After the toilets of the mother and child had been made and I had finished drying off my instruments (which I fortunately had not needed), and had eaten a little luncheon in an adjoining room, and was ready to leave the house, in all about one and one-half hours after the placental membranes were delivered, I was hastily called by the nurse to the mother's bed-side. The patient had just vomited the ergot and she was ghastly pale, yawning and gasping for breath. Underneath the bed a little stream of blood was beginning to trickle to the floor. Fortunately a fountain syringe which we had neglected to take down was suspended by the head of the bed. Quickly emptying this of its half tepid water and filling with water from a kettle that was nearly boiling, and assisted by a colored servant, we inserted the nozzle up into the wound, holding it there with one hand and with the other hand kneading and squeezing the abdomen with all the strength of desperation. The nurse in the meantime had been ordered to secure ergotole from my bag, and to use hypodermically. In all I think she used five hypodermics as fast as she could fill the syringe and inject. Everything was relaxed and flabby, as so much soft flesh. After a few minutes, which to us were interminable hours, I felt the contractions start; and in a quarter of an hour the womb was back again, hard and firm as a croquet ball. There was no return of the hemorrhage, the lochia being about natural and continuing about 14 days. We injected some normal salt solution per rectum, but as to how much was retained or the beneficial effect derived, I was never able to say. There was never any rise of temperature. The dropsical condition disappeared, as did the diarrhœa and digestive disturbances.

The patient had seemed anæmic before labor, but now she looked as if there could not be a drop of blood in her body. There was no lactation. O tside of anæmia, nonlactation and extreme exhaustion, the patient made a comparatively uneventful slow recovery. She was not able to walk around in the house until nearly three months after labor. She passed through the winter of 1908'-09 in fairly good health, so far as comfort was concerned, but with the advent of spring, 1909, she again developed the diarrhœa and all the whole train of nervous symptoms, insomnia, loss of appetite, vertigo, raw mouth and tongue, and she was forced to take to her bed. It was just at this time that a diagnosis of pellagra was made. The patient had gone out into her vegetable garden and sat in the sun watching the weeding of some of her plants; becoming faint she was assisted back to the house, and after resting had a lunch of warm corn muffin bread and butter, of which she was very fond and accustomed to eat regularly. In a short time she became very ill, exclaiming, "That muffin has made me sick—I never want to taste any again." Then looking at her hands she called attention to them, saying, "And here I have gotten my hands all sun-burned out in the garden today also." These incidents were related to me the same afternoon when I was called in; and it was then that I first allowed myself to realize that it was a case of pellagra. This was the first appearance, to my knowledge or to her memory, of any erythema or sun-burn.

The diarrhœa, at first serous in character, became sanguinolent, and so continued for over a month, then became serous again. The use of large quantities of the bromides were necessary to get even 3 or 4 hours sleep in the 24. The erythema was marked and uniform over the dorsal aspect of each hand, and from over the elbow down the ulner surface of the forearm. Pustules appeared upon the face, and several good-sized boils came upon the hands and fingers. The feet were again on fire and required constant hot salt baths, and even carbolized ointments were needed to give temporary respite.

The patient seemed to brood over the fact that she was going crazy, and would continually say to me that she must be loosing her mind. She developed a morbid antipathy toward her child, not wishing to see it or have it where she could hear it, attributing to the child her lamentable condition.

She was placed on Donovans Solution about the last of May, 1909, and maintained a dosage of five drops three times a day until the middle of October before any puffiness appeared under the eyelids; as this puffiness appeared the dosage was decreased to two drops three times a day until it disappeared, then increased to a three-drop dosage three times a day, which is now her only medicament. She was confined to her bed from May until the last of July, since which time she has gradually improved in every way. She has gained 10 pounds over her April weight, her color is fairly good,

and it takes close observation to detect the scar cuff around each wrist. The erythema in this case was dry and scaly, and under advice from Dr. Babcock, who saw this case with me, three applications of tincture of iodine removed all the scales and left a soft smooth skin.

I wish to call attention to the fact that this patient menstruated slightly six weeks after the birth of her child, and has been regular each month since. The discharges are not free and are very black and last only two or three days. She now sleeps from five to six hours each night, and attends to much of her house work, but has trouble sewing on account of her eyes, which she says have failed her very noticeably. She is still easily upset, and is extremely careful with her diet, which is chiefly eggs and sweet milk. By-the-way, she says that a number of the breakfast foods and cereals will upset her bowels and make her feel almost like the muffin did.

Now a few words as to the child: It was brought up on the bottle, and, though for the first year it was simply a scrawny little assortment of bones covered with skin, it all at once took on a notion to live, and became fat and is now a very well nourished 16 months old girl with four teeth and a lusty yell. When about 8 months old it had some 20 boils and furuncles to appear at different times and places about over the body. Since then, nothing has disturbed her growth, except the pitiful fact that she has a sacral deformity and the lower extremities from the hips down are undeveloped.

A Series of Four Hundred Consecutive Abdominal Operations.*

By Charles R. Robins, M.D., Richmond, Va., Professor of Gynecology, Medical College of Virginia; Gynecologist, Memorial Hospital; Surgeon, City Hospital.

A review of my last four hundred abdominal operations, as shown in the accompanying table, gives the following figures:

	Number	Deaths
Operations primarily for tubal inflammation, acute and chronic	82	2
Extirpation of ovarian tumors, including two with twisted pedicle	11	
Webster Baldy operation for retrodisplacement	33	
Ventro-suspension for retrodisplacement	14	
Internal Alexander for retrodisplacement	1	
Myomectomy	2	
Operations for ruptured ectopic pregnancy	7	
Operations for unruptured ectopic pregnancy	2	
Supravaginal hysterectomy for fibroids and other conditions	30	
Total hysterectomy for various conditions	10	2
Porro operation	1	
Abdominal drainage for ruptured pyosalpinx	1	1
Operations for appendicitis in acute stage	50	4
Operations primarily for chronic and subacute appendicitis	70	
Bassini operation for inguinal hernia	13	
Bassini operation for strangulated inguinal hernia	4	1
Mayo operation for umbilical hernia	1	
Repair of ventral hernia	2	
Suprapubic cystotomy for retention of urine	6	1
Transperitoneal cystotomy for polypus of the bladder	1	
Operations on the gall-bladder	8	
Laparotomy for tubercular peritonitis	10	
Laparotomy for release of adhesions	1	
Nephrolithotomy	1	
Posterior gastroenterostomy	1	
Operation for undescended abdominal testicle	1	
Gastrostomy	2	1
Fixation of sigmoid for volvulus	1	
Intestinal anastomosis: repair or resection for various conditions	10	5
Drainage of abdomen in gunshot wound	1	
Removal of cyst of omentum	1	
Laparotomy for stab and gunshot wound of abdomen with profuse hemorrhage	2	1
Median incision and release for strangulated femoral hernia	1	1
Incision and drainage for various abscesses of abdominal origin	7	1
Exploratory operation for		

*Read before the Richmond Academy of Medicine and Surgery, October 26, 1909.

various inoperable conditions	9	3
	400	23

For purposes of brevity, this summary takes into consideration only the principal motive for operation, and does not represent the entire amount of work done. Opportunity was taken while the patient was anesthetized to perform other necessary operations; or the clinical picture was complex and required multiple operations. A study of the appended table will show that there were five hundred and seventy-nine separate abdominal operations performed in the four hundred cases enumerated, as follows:

Myomectomy	14
Supravaginal hysterectomy	30
Total hysterectomy	10
Colpohysterectomy	1
Porro operation	1
Partial extirpation of uterine adnexa for inflammation	82
Complete extirpation of uterine adnexa for inflammation	2
Abdominal and vaginal incision for drainage	6
Webster-Baldy operation	33
Internal Alexander	1
Ventrosuspension for retrodisplacement	14
Ventrosuspension for prolapse	6
Ventrosuspension in operations for pelvic inflammation	48
Suspension of ovary	1
Extirpation of ovarian cysts	14
Extirpation of ruptured ectopic pregnancy	7
Extirpation unruptured ectopic pregnancy	2
Extirpation fibroma of round ligament	1
Normal appendectomy in course of another operation	23
Appendectomy for inflammation, acute and chronic	183
Drainage of appendicular abscess	9
Cholecystotomy and drainage	7
Cholecystotomy and partial excision	1
Suprapubic cystotomy	6
Transperitoneal cystotomy	1
Bassini operation	19
Enterostomy	1
Median Incision for reduction of strangulated hernia	1
Mayo operation for umbilical hernia	1
Repair of ventral hernia	4
Nephropexy	4
Extirpation of cyst of omentum	1
Nephrolithotomy	1
Laparotomy for tubercular peritonitis	9
Laparotomy for release of adhesions	1
Gastrostomy	2
Posterior gastroenterostomy	1
Resection small intestine and enterostomy	2
Resection cecum and portion of ileum	1
Resection of colon	1
Anastomosis of small intestine	1
Repair of gunshot wound of intestines	2
Repair of colon for fecal fistula	2
Laparotomy for stab and gunshot wound of abdomen causing profound hemorrhage	2
Drainage gunshot wound of abdomen	1
Fixation of sigmoid for volvulus	1
Operation for undescended abdominal testicle	2
Incision and drainage of abdominal abscess of various origins	7
Exploratory laparotomy	9
Total	579

One of the questions coming up frequently in complex cases is the advisability of undertaking to correct all pathologic conditions present at one operation. My rule has been to complete all operative work at one sitting unless there are strong reasons to the contrary, for various reasons. In the first place, after a patient has once been operated upon, he shrinks from having to undergo a similar ordeal again and often refuses. The work and results are, therefore, incomplete and unsatisfactory. The shock of two operations is, I believe, greater than that of one reasonably prolonged, and I believe the risk is also much greater in the end. In none of the cases in this series was there a death as a result of multiple operations.

As my experience increases, I am more and more convinced of the necessity of making very complete examinations in all cases coming for operation, and frequently find conditions not at all related to the disease for which relief is sought and which are of equal or more importance. By overlooking and failing to correct all of the factors entering into a given case, we have an incomplete or negative result.

The question of mortality is always one of interest. In the four hundred cases, there were twenty-three deaths. We can frequently, by selecting a series of cases which are running smoothly, get very remarkable results. There must be, however, in all cases an inevitable mortality. If this were not so, death could be deferred for an unlimited period by submitting to a surgical operation whenever we observed its approach. In other words, there is an inevitable mortality rate; but we can and must make it approach the minimum.

On the other hand, we cannot refuse to assume any risk that gives the patient a chance in a hopeless condition for the sake of making a record. In order to be fair, I

have included every death which occurred as a result of operation, even if the patient had passed from my care. In 82 operations for tubal inflammation, acute and chronic, there were two deaths which occurred very near each other. If a series had been run back previous to the first of these deaths, it could have been made over one hundred operations without a death. One of the cases developed a septic pyosalpinx which was treated for some time, but the patient's condition and temperature continued to grow worse. Drainage without entering the abdominal cavity could not be accomplished. The patient died on the third day. In the second case a supravaginal hysterectomy was done. The adhesions were very dense and a considerable area of raw surface was exposed in removal. The patient died on the seventh day after operation of peritonitis.

In 10 cases of total hysterectomy there were two deaths, one from hemorrhage as a result of rupture of the uterus into the venous plexus of the broad ligament during a forcible delivery, which the operation was unable to control before the patient became exsanguinated. In the second case, the ureter was unconsciously wounded in doing a radical operation for cancer of the cervix. There was some infiltration of urine into the pelvic tissues which was drained and the patient sent home in very good condition. She, however, died some months after from symptoms which were apparently due to a pyonephrosis.

There was one case of ruptured pyosalpinx which died. The patient had been suffering for some time from pyosalpinx which suddenly ruptured. An abdominal incision was made for drainage under cocaine, in a forlorn hope, but the patient died in a few hours. I have saved one patient under similar conditions some time before and felt the experiment was worth trying.

In fifty operations for appendicitis in acute stage, there were four deaths. One died from the anesthetic. One died from general peritonitis which had fully developed previous to operation. There was a perforated appendix and the patient had been violently purged by her parents before sending for the doctor. At the time of operation on the sixth day, the intestines were dry and glistening; and between the coils were minute foci of pus which seemed to be uniformly distributed. There was no abscess about the appendix which was ruptured. There was no change in the patient after operation, and she gradually grew worse and died two days later.

One died from appendiceal abscess which was situated toward the median line and covered over in every direction by intestine. It contained about a quart of very foul pus and gas. Incision and drainage was practiced, but owing to the difficulties of the case, the general cavity became infected, notwithstanding that every effort was made to protect it. and patient died of peritonitis.

In the fourth case, the patient had a ruptured appendix and was operated on in a few hours after attack, and made apparently a good recovery, but two weeks later developed a temperature which proved to be due to multiple abscess of the liver. This was incised and drained, but she finally died 32 days after the ffrst operation.

In four cases of strangulated hernia there was one death. This operation was performed under cocaine on account of advanced age and feeble condition of patient; but he died of uremia which had developed previous to operation, in about ten hours.

In six cases of suprapubic drainage for retention of urine, there was one death from uremia in an old man with arteriosclerosis and well developed uremic symptoms previous to operation. The operation was performed under cocaine.

In two operations of gastrostomy there was one death. In this case there was a foreign body in the esophagus which could not be dislodged, and the operation was performed in order to nourish the patient. He died, however, from toxemia resulting from the presence of the foreign body.

In 10 operations on the intestines there were five deaths. One case of resection of the bowel with enterostomy for gangrenous strangulated inguinal hernia was relieved of symptoms, but died two weeks later of uremia, a condition present previous to operation. One case had rupture of intestine and stripping of six feet from mesentery as a result of railroad accident. Enterostomy and drainage was performed as the quickest procedure, but patient died in a half-hour after operation. One case died in twenty-four hours after resection of bowel for intussusception at the ileocecal valve with gangrene of the intestine.

One case of volvulus of the sigmoid of one week's duration, with gangrene of the intestine, in a woman over eighty years of age, died three days after resection.

One case of gunshot wound died of peritonitis. In one operation for gunshot wound of the liver with profuse hemorrhage, the patient died in one hour after operation as a result of hemorrhage.

In one operation for strangulated femoral hernia, the patient died of air embolus.

In seven operations for abdominal abscess, one patient died from inoperable malignant adenoma of the intestine which caused abscess.

In nine exploratory operations, three patients died in the hospital from inoperable conditions.

In reviewing the deaths, it will be seen that of the twenty-three twelve died either of co-existing diseases which were present prior to operation and in which the operation in no way influenced the termination, or from malignant or other inoperable conditions which continued to exist and caused the death of the patient uninfluenced by the operation and moribund and hopeless cases in which operation could have been refused. This would leave eleven deaths, a mortality of 2¾ per cent.

8 W. Grace Street.

Diagnosis and Treatment of Duodenal Ulcer.

In six cases of duodenal ulcer examined by Max Einhorn, the most constant symptoms were pronounced hyperchlorhydria, pains in from two to three hours after meals —somewhat relieved by taking food—hematemesis or melena, and constipation. Tenderness on pressure was not common. In all there were remissions when the patients felt perfectly well. In ulcer of the stomach the pain comes sooner after eating, and there is more tenderness. An absolute diagnosis can be made when a small bucket on a string is swallowed, and the next morning a blood-stain is found, after removing the string, 58 to 66 Cm. from the teeth. In mild cases it is only necessary to regulate the diet (small meals, no spices, acids, or too greasy foods), and to improve the general condition by means of iron, arsenic, cold sponging, fresh air. Alkalies and olive oil will often do good service. Severer cases should receive the same careful treatment as ulcer of the stomach.—Deutsch. med. Woch.

A Recent Case of Typhoid Spine.

Arlson reports the case of a man of 28 years who went through a typhoid course and who three months later was seized with severe pain in the back. The pain returned three days later, and during subsequent days he suffered from pain in the back in getting out of bed each morning, the pain wearing off after exercise. The condition grew steadily worse, and he was finally readmitted to hospital. In the next two weeks there were two periods of high fever. In three months the pain had practically ceased, but there was a marked rigidity over the dorsi-lumbar spine, pain on jarring the spine, and deep tenderness over the transverse processes of the first and second vertebræ. A radiograph showed much thinning of the intervertebral disk, with signs of necrosis in the vertebræ and many osteophytes around them. There was a marked Widal reaction. He eventually recovered completely. The author describes the general symptomatology of the typhoid spine, and says the conditions can be explained only by the invasion of the spinal tissues by the typhoid bacillus. The chief symptoms—pain and rigidity—must be due to acute inflammation of the periosteum and spinal ligaments, hence the name perispondylitis. In other instances there may be also an osteomyelitis of the vertebral bodies, sometimes causing a permanent hyphosis. —The London Medical Lancet.

Use of Anesthetics in Midwifery and Gynecology.

Kronig, at the recent International Medical Congress at Budapest, proposed three points for discussion—namely, (1) the utility of lumbar anesthesia in midwifery and gynecology; (2) the utility of anesthetic combinations; and (3) the utility of scopolamine for producing drowsiness during labor. With regard to the first point, he said that attention to every practical detail, even the smallest, was of more importance in lumbar anesthesia than in any other method of producing insensibility to pain. As Mr. Barker has already pointed out, the specific gravity of the solution injected was of quite exceptional importance. The best solutions for use in laparotomy had, at a temperature of 38° C., a specific gravity under 0.999, which was the specific gravity of the cerebrospinal fluid. Dr. Kronig supplied particulars of a total of 1,700 cases of anesthesia produced by stovaine. Since the dose of stovaine has been reduced to 7 Cgm. as a maximum there has been no death during anesthesia in a series of 1,400 consecutive cases, neither has any embarrassment of the respiration been observed. Although certain after-effects, especially headache, occurred in 38 per cent. of the cases, intraspinal anesthesia produced but little effect of an unfavorable kind on the heart and lungs, a circumstance which was so important for the safety of the patient that Dr. Kronig preferred intraspinal anesthesia to inhalation anesthesia in severe and long operations, and especially in laparotomy. In all minor operations, however, the use of inhalation anesthesia ought to be continued.

With regard to the second point—the utility of anesthetic combinations—he said that a combination of chloroform and ether ought in every instance to replace pure chloroform or pure ether as an anesthetic, and the combination of anesthetics might be further extended by giving an injection of scopolamine and morphine before the

inhalation. It was only through the use of combinations of anesthetics becoming general that the dangers of anesthesia by inhalation could be reduced to a minimum.

With respect to the method of administering an anesthetic by inhalation, preference ought to be given to those forms of apparatus which gave the best quantitative admixture of the anesthetic in the air which the patient respired. With regard to the third point—the utility of scopolamine for producing drowsiness during labor—he said that in women who were sensitive or of nervous temperament or neurasthenic a tedious and painful labor often brought about long-continued and not unimportant states of nervous exhaustion. In those cases it was desirable to reduce the woman's suffering to a minimum by a method which was not injurious to either her or the child. Since Steirbuchel had recommended the scopolamine-morphine treatment for this purpose, Dr. Gauss has been working in Dr. Kronig's clinic on specially introduced systems of testing the state of consciousness at any given time, and has greatly improved the methods for the production of the drowsiness in question. On the basis of a clinical material amounting at the present time to 2,000 deliveries, it might be stated that the production of drowsiness by scopolamine was free from danger to both mother and child, and accomplished the object in view by either completely abolishing or else reducing to a minimum the pains of parturition.—The London Medical Lancet.

Diagnosis and Treatment of Pleural Adhesions.

Even where there is complete obliteration of the pleural cavities by adhesions, the subjective symptoms may be slight, until disturbances of respiration and circulation make their appearance. Often the patient is not aware of the presence of the adhesions, but there may be pains in the side or in the abdomen. With exertion, some dyspnea may appear, with an occasional dry cough. The expiration is usually more difficult than the inspiration, and frequently an emphysema will develop, though the involved portion of the lung may be actually atelestatic. In bad cases the process may spread to the pericardium and lead to hypertrophy of the heart. Greater diagnostic difficulties are experienced if the process is more circumscribed, when only auscultation and percussion may give a clue as to the real condition. Frequently small amounts of exudate are still found between the adhesions, since absorption is very slow. Spirometric measurements and examination with the Rontgen rays will often facilitate the diagnosis.

D. Rothschild has tested all cases of cardiac and pulmonary disease for adhesions, and has found them 226 times. Among these, tuberculosis was present in 162. In a number of other cases the etiology could not be determined, but it is likely that tuberculosis was also present. In the remaining cases there was a history of infectious disease, abdominal disease, trauma, or heart affection.

When there is active tuberculosis, energetic treatment is not in place, but the affected side of the chest should be kept quiet. In all other cases fibrolysin is by far the best drug to remove the adhesions, provided the patients have no temperature and are not confined to bed. As a rule, the contents of an original vial (2.3 Cc.) were injected daily into the muscles. Three hours after injection the patient begins a systematic course of respiratory gymnastics, taking 20 deep inspirations 3 to 10 times. After three days walking up hill is permitted, and after three more days the pneumatic apparatus is used. The healthy side should be immobilized with adhesive plaster. The presence of an exudate will be an indication for the use of baths.

The author now has notes on 28 cases successfully treated by this combined method. In one case, where there was marked retraction, the configuration of the thorax is almost normal.—Muench. med. Woch.

Gelatin in Therapeutics.

Wandel remarks that gelatin is found useful in lung, stomach, bowel, uterus and other hemorrhages, but it is also valuable in constitutional affections of the blood entailing a hemorrhagic tendency. The technique at Quincke's clinic at Kiel aims to destroy anærobic spores and protect the gelatin from external influences. This is accomplished by sterilizing a neutralized 10 per cent. solution of gelatin in an Erlenmeyer jar with a layer above the fluid paraffine to keep out oxygen. A long glass tube reaches to the floor of the jar, the upper end capped with a rubber tube and stop cock. A larger short tube in the stopper, filled with cotton, allows the entrance of air. The whole is sterilized in a linen bag in steam for forty minutes at 100 degrees C. (212 degrees F.). After cooling, it is kept in the incubator at 37 degrees C. (98.5 degrees F.), then sterilized again for 30 minutes the following day. The gelatin thus sterilized is poured into vials containing 50 cubic centimeters, which are then fused. In a number of tests the gelatin was inoculated with garden soil and tetanus spores, but after this sterilization inoculation of guinea-pigs gave negative results.—Therapie der Gegenwart.

Oxygen in Serious Cases of Whooping-Cough.

E. Weill and G. Mouriquand describe their experience with the use of oxygen by inhalation in serious cases of whooping-cough and in pneumonia following this disease. It will serve to prevent the occurrence of pneumonia in many cases that are threatened with lung involvement. It also diminishes the severity of the paroxysms of cough, although it does not seem to lessen their number. Their cases amount to thirty and in all of them oxygen seemed to act as a sedative of the first order. It acts not as a depressant of the system, but enables it to struggle against the disease. Cyanosis is lessened, appetite is better, and somnolence diminished between the attacks. It acts as antiseptic in the lungs, and prevents the extension of pneumonia to new localizations.—Lyon Medical.

Further Researches into the Bacteriology and Vaccine Therapy of Common Colds.

Benham refers to his previous communications on this subject and additional experiments made during the last two years. The prevailing organisms he has found during the period have been the *Micrococcus catarrhalis* and the *M. paratetragenus*. The *B. septus* was present in a number of the cases, but it did not grow readily and was difficult to isolate. The *B. Pfeiffer* was present in some cases in small numbers, but it was not possible to isolate it. The pneumococcus was seen in the swabs in a few cases, but in small numbers, and it was not isolated. The *Bt Friedlaender* was isolated from a few of the cases. The result of the author's vaccine therapy convince him that in cases of catarrh caused by the *M. catarrhalis* there are marked fluctuations of the opsonic index. Second, that a fall in the opsonic index coincides with an increase in the severity and a rise of the index with a decline in the severity of the symptoms. This is more marked in the acute cases. Third, that a suitable dose of vaccine given at an appropriate time will cause a rise of the opsonic index, which may be preceded by a negative phase of short duration. Fourth, that it is probable that similar fluctuations may occur in the case of the *M. paratetragenus*. No good cultures have thus far been obtained for opsonic work with the *B. septus* and *B. Friedlaender*. In view of the fact that many common colds gradually spread down to the larynx and trachea and may lead to bronchopneumonia, the author thinks this matter of vaccine therapy in the earlier stages one of great importance. The *M. catarrhalis* has been found in healthy noses and throats, in the lungs in acute cases of pneumonia, and in all the acute cases of pneumonia, and in all the organs in a fatal case of pneumotyphus. The *M. paratetragenus* has been found in the blood of a patient who died of pulmonary gangrene and in the pus of a foul empyema.—Berliner klinische Wochenscrift.

Adrenalin-Saline Infusion in Peritonitis.

Extensive experimental and clinical researches are reported by the writer, which demonstrate, he thinks, that the main effect of the infusion is due to the salt solution, and that this is more prominent in the cases in which the patient has just lost large amounts of fluid. The effect of the adrenalin is so transient in its nature, as in general anæsthesia and spinal anæsthesia; in shock after severe operations and injuries; in hemorrhage; and possibly, also in intoxications and in threatirg conditions during infectious diseases. Heincke in Archv fur klinesche Chirurgie.

Cardiac Complications in Articular Rheumatism in Children.

Marfan states that articular rheumatism may not be accompanied with much fever or much swelling of the joints in children, while at the same time there may occur an affection of the endocardium which is serious in nature. In babies there is prominence of the heart area and undulation of the chest, due to the softness of the chest wall. Compensation is more easily established in the child than in the adult, and cardiac hypertrophy rarely occurs. Mitral insufficiency is well tolerated. Pericardial adhesions are frequent and cause asytole, which results in hepatic stasis and increased liver dullness. Children who have had articular rheumatism are subject to attacks of fever without other cause, which indicate a chronic rheumatic condition.—Journal de Medecine de Paris.

Puerperal Eclampsia and Leucocytosis of the Cerebrospinal Fluid.

Maurice Villaret and Leon Tixier describes a case of eclampsia occurring before, during, and after six months' absorption, in which careful examination of the cerebrospinal fluid showed that there was present a leucocyte reaction in the fluid. There was no other toxic condition, and no nervous or infectious condition present. There was no nephritis. The arterial tension remained normal throughout, and the albumin disappeared rapidly after the cessation of the convulsions. Had there been uremia, the tension would have been high and albuminuria maintained for some time. The author states that there are a certain number of cases of eclampsia in which hyper

tension of blood-vessels cannot be considered a cause of the convulsions, and in these the presence of leucocytosis is in favor of a toxoinfective origin for the convulsions.—Gazette des Hopitaux.

Unguentine.

Reprinted from Ellingwood's Therapeutist, April 15, 1909.

This is the first proprietary remedy I ever used or recommended. But having gotten such satisfactory results from this ointment in treating an extensive burn I felt it my duty to call the attention of the profession to use for this purpose. The case in which I employed it was one of scald from steam. The denudation extended from occipital protuberence to the buttocks, involving one-half of the back.

When I saw the case it had been in the hands of another physician for a week and anodynes were being used to control the pain. I first resorted to the usual eclectic treatment in such cases but with little relief or benefit. I then, through the suggestion of my druggist, prescribed Ungentine. The relief was so quick and the improvement so rapid that no change was made in the treatment and in ten days the wound was healed.

About this time a colored woman came to me with the most extensive tibial ulcer I have ever seen. While my treatment of such troubles as a rule has been very satisfactory, I concluded to try the ointment. I first cleansed the ulcer with hydrogen peroxide and then brushed it over with a 15 per cent. solution of nitrate of silver, after which the ointment was applied, covered by a flannel bandage to the knee. This treatment was repeated every other day and in just three weeks the leg was well.—L. S. Downs, M. D.

Firolyptol with Kreosote, Firolyptol with Apinol and Firolyptol with Kreosote and Eucalyptol are Cotton Seed Emulsions that The Tilden Company are now offering the Medical Profession under the name Firolyptol. The Profession will do well to investigate, as it is claimed that Cotton Seed Oil possesses all of the advantages and none of the disadvantages of Cod Liver Oil.

Tropical Medicine.

The New York Post-Graduate Medical School is establishing in its new buildings a full equipment of wards and laboratories for the teaching of Tropical Medicine. The department is being conducted under the co-operation of the U. S. Army, Navy and Public Health services, who detail officers from their respective Medical Corps to assist in the conduct of the laboratory and clinical courses.

Again Unguentine.

Reprinted from Ellingwood's Therapeutist, June 15, 1909.

Dr. Downs' article on the use of Unguentine in a burn from steam calls to mind two cases in which I received the best of results by the use of the same article. My first experience with it was treating a wound caused by an operation for the removal of a fatty tumor over the right shoulder blade in a lady that was to a degree scrofulous. The surgeon made his incision perpendicularly over the tumor, the consequence being an impossibility to hold the parts together, the least motion causing a tearing loose. She was two years trying first one physician and then another, and from one school to another. Finally she wrote me asking me to meet her and go with her to some surgeon in Chicago. I made her the proposition that she allow me to treat the wound three weeks. If I did no good she should have her treatment for nothing, including board at my home; if I cured her she to pay me the same fee she had others. I accordingly applied Unguentine, changing night and morning. Result, a perfect healing by granulation in two weeks, and no eschar.

My second case was that of a lady whose entire right arm ignited while cleaning a pair of suede gloves drawn on the hand and arm—a terrible burn, reaching from the tips of the fingers to the shoulder joint. Unguentine, first and last for three weeks, healed it with absolutely no pain in the interim and also no eschar.—Frank A. Barber, M. D., Chicago.

Arterial Anesthesia.

Venous anesthesia—that is, anesthesia induced by injecting cocaine directly into a vein—has been advocated by Bier, but W. A. v. Oppel has discovered that the same may be accomplished more safely by injecting directly into the artery. If 1 Cc. of a 1-per-cent. solution of cocaine is injected into the inferior vena cava of a rabbit, severe symptoms of intoxication will result, but for arterial injection the same amount of an 8- to 10-per-cent. solution is necessary to endanger the life of the animal. Injection into the arteries of the neck, particularly the vertebral artery, is more dangerous, owing to proximity of the medulla. The danger is less with large arteries than with smaller ones, as, with the former, the cocaine is distributed over a larger peripheral area. The method so far has only been tried on animals, but is very promising.—Muench. med. Woch.

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DR. JAMES ANTHONY BURROUGHS.

Almost every number of this Journal, during the past year, has contained notices of the death of some loved, and honored and prominent North Carolina physician. In this issue we grieve to record the death of one whom it was the pleasure of many men to love and honor. In the death of Dr. James Anthony Burroughs, President of the Medical Society of the State of North Carolina, another has fallen in life's battle line. He passed away peacefully and quietly on the morning of December 29, at his home on North Main Street in Asheville, after an acute illness of ten days' duration. For several years he had been a sufferer from Bright's disease, but he had kept up his work unfalteringly. It was not until two weeks before the end came that the disease gave alarming manifestations and forced him to his bed. The last time he went to his office was Saturday, December 18th. From that time he rapidly grew worse and on Christmas Day became unconscious, although he regained consciousness long enough to recognize his brother who came to Asheville to be with him.

Dr. Burroughs was born in Kanawha county, W. Va., December 8, 1858. He received his education in Virginia schools, and afterward the Louisville Medical College, from which he graduated with high honors in 1882. His close application to study, however, left his health considerably impaired. With indomitable spirit he began the practice of his profession at Poncha Springs, Col., but soon removed to Asheville where he quickly built up what was perhaps the largest and most lucrative practice in North Carolina. Dr. Burroughs devoted special attention to pulmonary diseases and he was an authority on tuberculosis. His writings on this particular subject are of considerable value from a scientific standpoint. So successful, indeed, was Dr. Burroughs that he amassed a large fortune as a result of his work and financial ability. In 1884 he received license to practice in North Carolina and in 1889 become a member of the Medical Society of the State of North Carolina.

At the time of his death Dr. Burroughs was President of the State Medical Society; he had held the same position in the Tri-State (Virginia, North and South Carolina) Medical Society, and twice in the Buncombe County Medical Society. An enthusiastic worker he had, since becoming a member, always done all in his power toward making medical organizations in this State and section what they are today. A facile writer he never failed to contribute a paper worth while. Always preferring his friends to himself, he did not seek honors at the hands of his professional brethren. Nevertheless he had occupied most of the high places within the gift of his various societies. He was also a member of the State Board of Health.

A genial, kindly temperament, Dr. Burroughs quickly made friends with all with whom he came in contact. Possessing talent, learning and natural adaptation to the requirements of his profession one does not feel surprised at his wonderful success. Recognized by his professional brethren as a doctor of the very best and highest attainments he was lauded and honored with entire justice. A true, loyal heart, Dr. Burroughs would stand by a friend to the very last ditch. Generous and quick to recognize true worth, there are many younger men in the profession who owe much to the ready helpfulness and inspiration of Dr. Burroughs' friendly counsel and support. Interested in everything that pertained to medicine, his whole life was wrapped up in his profession. In his enthusiasm, he took no thought of self, but exposed himself to discomfort and fatigue in behalf of those under his care.

As a practitioner, Dr. Burroughs is to be held up as an exemplar worthy to be followed. His very presence in the sick room was inspiring, his manners easy, winning, cordial, friendly; his questions put in language most refined; his eye searching; his touch gentle as a woman's; always hopeful and calm. No man in North Carolina has builded for himself a memorial more lasting than he.

In the midst of his busy practice, Dr. Burroughs never ignored the material, social, intellectual or moral improvement of the community in which he lived. His beautiful home was always open and those who enjoyed his hospitality never forgot his charming welcome. As a member of the Asheville Board of Health, he was untiring in his efforts toward civic improvement. He was the author of the anti-expectoration ordinance of Asheville, a measure that has been widely adopted throughout the world during recent years.

Language fails us in our attempt to pronounce fitting eulogy.

"It seems strange Death should come to him:
Life was his heritage, and Love,
He never strayed in pathways dim—
How found he that shadowy grove?
How trod he fields of Asphodel
When 'twas the Rose he loved so well?

"He heard the brother call of Earth,
He wandered far in foreign lands,
And every friend's hearth was his hearth:
And every friend, two outstretched hands.
Was death his friend too? That may be—
Death welcomed him so tenderly!"

N.

TRAINED AND UNTRAINED ANESTHETISTS.

If one were forced to choose between an unskilled surgeon and an untrained anesthetist it would be eminently safer if the choice should fall upon the former. The chances of escaping a fatal result would undoubtedly be far better. If a doctor were going to be operated upon and had time to do so he surely would make at least three stipulations: he would demand first the best possible hospital facilities; second, a skilled operator; third, a skilled anesthetist. Dr. Hunter Rabb insists that we have no right to demand for ourselves more than for our patients. Having chosen a good hospital and a good operator he queries "why should we not be content to receive the anesthetic from the youngest interne, or a fourth year, or even a third year student."

Our anesthetic service has not kept pace with the advance of surgery in other directions. As things are now, the ordinary medical student gets but little theoretical or practical experience in this branch, and only a few, even of those who pass through a hospital service, obtain a thorough training in it. Of course, some men lack a natural adaptability and will never become expert, and anesthetists will always differ in skill; but it is the bounden duty of medical teachers to see to it that every medical student is afforded an opportunity of acquiring at least a passable degree of precision and skill in this branch.

Many hospitals, especially private institutions, have found it expedient to protect their patients by employing a paid anesthetist. This, however, is scarcely feasible in the case of hospitals controlled by medical schools, unless the theoretical and practical teaching of students can be arranged for. The following suggestions along this line are offered: (1) That a skilled anesthetist holding an appointment in the medical school as one of the faculty, and in the hospital as one of the staff, be appointed at a proper salary to teach and demonstrate the administration of anesthetics, and to personally administer them to the private patients, and to those in the general wards who are in a debilitated condition. (2) That in connection with a carefully prepared course of lectures on anesthetics and their physiological action, each student be required to administer anesthetics to dogs or other animals a certain number of times. (3) That the lecturer next take the students the rounds of the operating rooms, and point out to them the details in connection with the service and the points to observe in giving an anesthetic to a human being. (4) That each student be detailed to give the anesthetic at a certain number of operations under the guidance and criticism of the instructor, and one of his more advanced students. (5) That the senior instead of the junior interne be detailed to administer the anesthetic, as he would have had the opportunity of following and also of assisting with the administration of the anesthetic in a considerable number of cases by the time he has reached the position of senior assistant.

CRAWFORD W. LONG.

The South has been far too backward in claiming the credit for the achievements of her great sons. The world frequently hears the names of Morton, Jackson, Wells, and Simpson mentioned in connection with the discovery of general anesthesia by inhalation of vapors, but it is seldom that the name of Crawford W. Long, the modest, unassuming Georgia physician, is heard. Indeed, most people would prove ignorant that such a man ever lived in America. And yet Crawford W. Long was the first man to employ sulphuric ether in the production of artificial anesthesia for surgical procedure. Dr. I. H. Goss, in an excellent article, published in the Journal-Record of Medicine, has presented the case of Long and his Discovery in charming manner. Long located in 1841, at the age of 26, at Jefferson, Georgia. His office quickly became a rendevouz for the young men of the village. About that time the inhalation of laughing gas, as an exhilarant, was much discussed. Lecturers on chemistry would sometimes entertain by giving a "nitrous oxide party," during which the participants would become drunk from its inspiration. It was in the winter of 1841 that some young friends importuned Dr. Long to permit them to indulge the pastime in his office. The physician had no means of preparing nitrous oxide gas, but suggested that sulphuric ether would produce similar exhiliration. The ether was produced; the young men inhaled and became hilarious. During the period of mirth some of them received bruises, which Long noted were not accompanied by pain, In consequence he divined that ether must have the power of rendering one insensible to pain, and from this observation came the great discovery of

anesthesia. Determining to prove his observation, Long, during March, 1842, administered ether to one, Mr. James Venable, producing complete anesthesia, during which a small cystic tumor was removed from the back of the patient's neck. Eight cases were satisfactorily dealt with during the years 1842 and 1843—quite a goodly number when it is remembered that surgical operations were not frequent in the country practice of a young physician more than half a century ago. His operations, under ether, were exhibited to both medical men and laymen; affidavits by both establishing beyond doubt the fact of the discovery as early as 1843. It is to be regretted that Dr. Long did not at once make known to the world his great discovery. Had he done so it would have assured him the distinguished honors to which he is entitled, and would have prevented long-continued controversy as to who was really the discoverer of anesthesia by ether. A careful examination of the question clearly and undoubtedly shows that two and a half years elapsed after the discovery by Long, before Dr. Wells, of Hartford, Conn., knew the anesthetic power of nitrous oxide; that four and a half years passed after Long's first experiment before Dr. Morton claimed to have the same knowledge. Morton is declared to have received the suggestion from Jackson; the latter claimed to have made the discovery coincidently with Dr. Long, but he left it to Morton to prove in a practical manner. In 1849, Morton petitioned Congress for a reward as the discoverer in which attempt he was opposed by the friends of Wells, Jackson and Long. Jackson himself afterwards acknowledged the justice of Long's cause.

VASCULAR HYPERTENSION IN NEPHRITIS.

Many theories have been advanced to account for the hypertension of the blood vessels in cases of nephritis. These theories are based mainly on deductions from clinical experience and to a lesser extent on experiment. Neither of these, according to Musser in a recent number of the *Jour. A. M. A.*, give conclusive evidence, but each in its way points to a reaction of some chemical substance influencing the circulation. What that is, is not known. Clinically it is noted that hypertension and heart hypertrophy are encountered in that group of diseases in which uræmia is also apt to occur, while both fail in practically all other types. In other words, hypertension like uremia is a sign of renal insufficiency. It naturally suggests itself that the poisons are the same, or if different are due to the same causes. If the same it may be possible to conceive that in small quantities it affects the vasomotor apparatus and in larger ones exerts its action on the nervous system. In support of this chemical theory it is frequently observed that the degree of uremic manifestation has close relation with the blood pressure and that true uremia rarely occurs without hypertension. The effect of diet is also suggestive. Rich protein diet seems to increase tension in nephritis and makes the condition worse. All this probably means retension of the products of nitrogenous metabolism and possibly of undetermined nitrogen. The increase of these substances in the blood in renal diseases, in which uremia occurs, suggests not only that they may be the cause of uremia and include also the substance causing increased tension. Another view, which Musser thinks may be dismissed briefly, is that which connects hypertension with an internal secretion of the kidney. Little evidence has been brought forward in its support. Another closely related theory which the same authority also considers inadequately supported by the facts, is that which attempts to account for the hypertension by the effect of adrenalin or similar substances. More evidence must be accumulated before a definite opinion in its favor can be adopted. The almost constant presence of arteriosclerosis with hypertension in chronic interstitial nephritis is one of the chief difficulties in explaining the hypertension. It is still a question which is the primary condition, though the view that the kidney is secondarily affected seems to be gaining ground. The renal disease following infectious diseases, in which the hypertension appears to be primary and the heart hypertrophy and arteriosclerosis secondary, throws some light on the subject. The hypertension of scorlirina is of special interest, since it comes on very early at an age when arteriosclerosis can be ruled out. The only explanation which can be offered is increased peripheral resistance, a contraction of arterial terminations as a result of some chemical influence. The association of glomerular lesions with hypertension is also of interest, and this has been emphasized by Schmidt and Loeb. This is an important field for investigation, and experiments definitely show that the high pressure associated with glomerular lesions cannot be explained by the older theories of loss of vascular territory in the kidney. Loeb offers the following hypothesis:

"Since the renal activity varies directly with the blood supply, lesions of the glomeruli would limit local vasodilation. When the renal activity demands more than the local conditions allow, the stimulus goes beyond the kidney and there is exerted re-

flexly a splanchnic contraction which leads to an increased systemic tension and then an increased flow of blood through the glomeruli."

This explanation, Musser says, brings out prominently the fact that hypertension, whatever its cause, is essentially a conservative process, its object being to favor the maximum functioning power of the kidneys. All of the theories, however, except the one of vicarious renal secretion, bring us back to the chemical or retention hypothesis.

LEUCOCYTOSIS.

Cabot defines leucocytosis as "An increase in the number of white blood cells in the peripheral blood over the normal in the individual case, this increase never involving a diminution of the polymorphonuclear varieties, but generally their marked absolute and relative gain over the number previously absent." Many observers believe, as Dr. V. A. Robertson remarks in *The Medical Times*, that leucocytosis is not a real increase in the total number of white cells in the blood but merely an increase in the peripheral circulation, the cells being attracted from the internal organs. In its widest sense it would include the leucocyte increases found in the various types of leukæmia, but these are more or less permanent and made up of all the varieties of white cells. It is in its restricted sense as a transient occurrence in many acute infections, and as a distinct, marked increase of the polynuclear elements that the term is more commonly used. And it can also be defined as an inflammatory leucocytosis. Many hypotheses have been advanced as to the exact significance of this phenomenon. Virchow believed that it merely represented a regenerative effort of the bone marrow to replace destroyed white cells. Others maintain, and probably more correctly, that this outpouring into the peripheral blood is due to direct chemotactic action of bacteria or their products in the circulation. The polynuclears are particularly the actively ameboid and phagocytic cells and have a marked chemotactic attraction toward bacteria, enveloping and ingesting them. Metchnikoff believes that this phagocytosis is an essential feature in inflammation and the chief mechanism in the production of immunity. According to Ewing; "Leucocytosis represents nature's efforts to rid the blood and the system, by means of leucocytes and their products, of the bacterial and toxic causes of disease." Hyperleucocytosis occurs normally in certain conditions as in the newly born, during digestion and pregnancy, in the post-partum state, and after violent exercise, massage and cold baths. In this physiological leucocytosis, all the white blood cells are increased, thus differing from the pathological varieties. In certain gastro-intestinal diseases, notably carcinoma ventriculi, the absence of digestion, hyperleucocytosis is a valuable symptom in the differential diagnosis between this disease and other affections of the alimentary canal.

Inflammatory leucocytosis being a pathological condition is found, as before stated, in many acute infectious diseases and is of great diagnostic value. In Asiatic cholera, relapsing fever, scarlet fever, diphtheria, syphilis and erysipelas, it occurs to a moderate degree. In pneumonia, small-pox in the suppurative stage, septicæmia in its various forms, actinomycosis, glanders, berri-berri, acute rheumatism, septic and cerebro spinal meningitis, endometritis, cystitis and gonorrhea, it is more marked and constant. In all infections due to the pyogenic organisms such as appendicitis, abscesses of all kinds, osteo-myelitis and pyosalpynx, and in inflammatory conditions of serous membranes it is very marked and constant. Its absence in certain other affections in which we would naturally expect its presence, is, from a diagnostic standpoint, one of the most important symptoms. It does not occur in uncomplicated typhoid fever. Simon maintains that if found in a suspected case of enteric fever it is more than probable that some complication exists or that the diagnosis is wrong. It is also absent in malaria, most cases of influenza, measles, and in tuberculosis when not associated with secondary pus infection. According to Simon: "The increase in the number of leucocytes in acute infections is directly proportionate to the intensity of the infection and the power of resistance of the individual." It may happen that no leucocyte increase occurs when the infection is extremely virulent. This would indicate that the resisting power of the patient was practically nil and would be of grave prognostic importance. Death in pneumonia almost invariably takes place when this phenomenon does not develop; the exception being in cases in which the infection is so mild as not to call forth the evidence of the resisting power of the organism.

Osler considers the number of white cells in a cubic millimetre of blood to vary normally from 5,000 to 7,000, and taking 5,000,000 red cells as the average number in a cubic millimetre of blood, the ratio normally between the two would be 1-714 to 1-1000.

Cabot has found, however, in healthy individuals the actual number to vary from below 5,000 to higher than 7,000. The normal limit would therefore be better extended from 3,000 on one hand to 10,000

on the other. Any marked increase over 10,000 is pathological—provided in making our count, we exclude the causes of physiologic increase before mentioned.

The leucocyte increase may run as high as 42,000 in a cubic millimetre. The best time to make a count so as to exclude digestive increases is, when possible, just before a meal, preferably before breakfast. Also to make due allowance if the individual is in the pregnant state or after exercise and cold bathing.

CALCIUM AND ECLAMPSIA.

A great deal has been said recently concerning the metabolism of calcium in the animal body. It has already become a prominent feature in the field of physiology and pathology. The part played by this substance in many processes of the body have been the subject of a great amount of investigation and experiment during the past year. Bell and Hick proved by their investigations that the phenomenon of menstruation bears a close relationship to the calcium content of the blood. Menstrual discharge is found to be very richly charged with calcium, and this excretion coincides with a marked fall in calcium content of the blood. This fact is comparable to egg-laying in fowls, the rapid fall of calcium content of a laying fowls' blood being noted after the ovum is provided with its calcareous shell. Unfecundated egg laying is then strictly comparable with menstruation, but fecundated egg-laying, of course, is not comparable with pregnancy in the human species. When a woman becomes pregnant excretion of calcium at monthly periods necessarily stops. Halford, in an article in the *Australasian Medical Gazette*, thus accounts for the uses of calcium in the pregnant state and builds upon it a very attractive theory as to the cause of eclampsia. The embryo makes use of the calcium, but, in the earlier months, its needs are small, so that the mothers' calcium content must continue high for some months. Possibly the excess is used up, however, in the developmental changes coincident with pregnancy so noticeable in the prima gravida. However that may be, the growing needs of the fetus in later months must draw largely on the calcium salts contained in the mothers' blood for the building of the skeletal structures. It is when this demand reaches or approaches the maximum that the symptoms of the pre-eclamptic stage arise, *i.e.*, in the seventh month and after. It is noteworthy that the symptoms and signs of low calcium content are identical in many ways with these eclamptic phenomena. The most constant are œdema of the extremities and loose cellular tissues and convulsions. It is also a well recognized fact that the most successful treatment of this condition includes an exclusive milk dietary, and milk, as we know, is rich in calcium, richer indeed than lime-water. Subsequent to labor, during which the calcium consuming fœtus is expelled, this substance will accumulate in the blood. It takes three days to rise sufficiently to stimulate excretion by the mammary glands, the short delay no doubt being due to the loss of some calcium from hæmorrhage and lochial discharge. The function or site of calcium excretion being now transferred from the uterus to the breasts, the catamenial discharge remains in abeyance while lactation lasts.

That this theory is not incompatible with known facts, it may be recalled that the mortality of the mother in eclampsia is greatest during pregnancy, less during labor, and least post partum. Winkel has noted the interesting fact that if the fetus of an eclamptic die and pregnancy is not interrupted immediately, labor, both in its onset and course may be free from convulsions. It would seem that it is so essential that the calcium content of the blood of the pregnant woman must continue high, not merely for the requirements of the fetus, but also for the prevention of hemorrhage at confinement. It is noteworthy that eclamptics are prone to bleed freely at parturition, and this fact, as well as the minute hemorrhages found post mortem in the liver and elsewhere, may be explained by deprivation of calcium. The fact is noted post mortem that the blood is found in a fluid condition. The absence, or rather the low calcium content is a reasonable explanation of this.

TUBERCULOSIS IN THE VERY YOUNG.

While it is a fact that there is fairly accurate knowledge as to the frequency of tuberculosis among adults as well as among children, it is doubtful whether it is realized how great a number of cases there are among nurslings. A ready proof that the disease is very common in the very young can be found by examining the statistics which have been very carefully worked out in the last few years by post mortem examinations made in the hospitals. Beitzke, of Berlin, found tuberculosis present at the post mortem examination of infants in the first year of age in ten per cent. of the cases. A larger percentage was found in Vienna, a city known for the prevalence of the disease. Hamburger and Ghon discovered among 318 post mortem examinations of children, who died within the first year, the following proportion of tuberculosis: Four per cent. of those who died

within the first trinester; eighteen per cent. of those who died within the second trinester; and twenty-three per cent. of those who died within the third and fourth trinester. Wallstein, in investigating 882 cases in Holt's Hospital in New York, gives somewhat smaller figures. The reason why, until late years, the great influence of tuberculosis on infant mortality was not considered of so much importance is due to the fact that the clinical symptoms in that age do not so easily manifest themselves, as in later periods of life. Adults who die from tuberculosis nearly always show plainly signs of lung tuberculosis months or years before their deaths, while infants meet death under several forms. Von Pirquet, of Baltimore, enumerates these forms as follows: (1) Chronic tuberculosis of the visceral glands,—very often mistakenly looked upon as gastro-intestinal marasmus. (2) A form which more closely resembles the tuberculosis in adults. (3) A form comprising the cases of caseous pneumonia in which very definite lung symptoms are elicited on auscultation and percussion, whereas the cough is sometimes lacking. (4) Miliary tuberculosis—which is the most common form. Von Pirquet, whose excellent article, in the *N. Y. Med. Jour.*, forms the basis of these comments, believes that an infection of tuberculosis is very seldom inherited. The query, therefore, is very pertinent as to why it is that so many infants become tuberculous. Some cases have been found in which the newly born has tuberculous germs from a tuberculous placenta, but they are so rare that they practically play no part when compared with all the other cases that are infected after birth. If a carefully detailed study of the possibilities of infection be made, it is found in nearly every case of tuberculous infants that another person in the neighborhood has or has had an open tuberculosis. Whether the infection occurs directly through drapeits containing tuberculous germs which are coughed out by the infected person and then breathed in by the child, or by bacilli taken in from the dust of the room in which tuberculous sputum has been dried out, is a question which has not yet been decided. In comparison with the danger of infection from other human beings in the neighborhood, that of infection through tuberculous milk is probably rather small. Still, the milk of cows with tuberculous udders very often contains tubercle bacilli, and it must be considered dangerous. All tuberculous cows should, therefore, be removed from farms that supply milk for babies; if this is not done, or if the condition of the milk is not known accurately, it should be boiled. However, the most important way to prevent tuberculosis in infants is to be careful that the baby does not come in contact with anyone who is likely to have tuberculosis of the lungs. If this were possible tuberculosis, as a whole, can be stamped out. In fact the possibility has already been proven by actual fact. In cattle, which are infected in a way similar to that in which humans are infected, the disease was actually gotten rid of by adopting the system proposed by Bang:

All cattle on one farm were tested with tuberculin, those which did not react were sent to a new farm. All calves which were born of tuberculous mothers were immediately separated from the mother and received milk only after it had been boiled. Afterward they were sent to the healthy farm. After a number of years there were no more cattle left on the infected farm and no tuberculous cases on the new farm. It is not possible to apply that system to humanity, except in orphan asylums, because it would interfere with family relations, but still people can be made to understand that a nursling is no toy for its relatives, and especially sick relatives, and that parents who have an open tuberculosis do better to apply as much caution as possible in kissing the child or coughing in its presence. America is now realizing the danger of tuberculosis, and it is to be hoped that it will also realize the importance of raising a healthy generation by keeping it free from that dreadful disease.

EUGENICS.

The whole question of race improvement through heredity constitutes the subject matter of the new science of Eugenics. The devotees of this science are at present engaged in studying the laws of heredity in all its aspects. The Mendelian doctrine of heredity, with the theories of Darwin and Weissmann, are some of the topics which need to be studied in refernce to their practical application. Until more results have been obtained, Dr. Irving Fisher, in his report on National Vitality, believes it would be premature to make great claims for the possible future usefulness of applied eugenics. Many have supposed that the object of eugenics was to bring about suitable marriages by compulsion of the Government. Such a proposal would not only be absolutely impracticable, but would defeat the very ends aimed at. Marriage, above all human choices, must, as a rule, be left to the individual, guided by his ideals alone can the character of marriages be influenced. Sir Francis Golton, the founder of the science of eugenics, expects intelligent public opinion to be the chief

guide in marriage. Just as the union of brother and sister is tabooed and the marriage of even first cousins is eyed askance—whether justly or not does not matter—so, if the aims of eugenists are carried out, on obviously unhygienic marriage will be frowned upon. It was somewhat in this way that the ancient Sparta raised its vitality to a high point of physical excellence. Golton has pointed out that present restrictive rules of marriage selection as endured without any sense of loss of privilege or freedom. For example, members of the European nobility are, in their marriage choice, restricted almost wholly to fellow-aristocrats; yet so much has this restriction become a part of their ideal and creed that the narrowness of the range of choice is not usually realized.

Even granting that some marriages are studiously calculated to win money and title, a much stronger or more pervasive, although unconscious, influence is exerted by the ideals which young men and women at marriageable age have formed of what their companion for life should be. Nothing is more certain than that if from childhood they were trained to regard vitality as the first essential in an ideal man or woman this would influence their personal fancy. Health, beauty, and vitality are natural objects of admiration and love. Titles, wealth, and other extraneous attractions are not. To lessen the public esteem for these, and to increase esteem for natural human merit, will tend to increase not only the number of healthy marriages, but the importance of the role played by normal love. If, therefore, eugenic ideals ever hold sway, love marriages will not only continue to exist, but will become more frequent. Love is a primal instinct, and the more natural men and women are, and the more highly they esteem natural vitality, the more will they be guided by mutual attraction.

If a considerable proportion of the population once shall come to regard vitalit yas an essential endowment, the effect on mating will be felt in two ways: First, a larger percentage of healthy persons will marry, leaving a larger percentage of unhealthy persons single; second, healthy persons will mate with each other, and unhealthy persons, in so far as they marry at all, will do so among themselves. Of mixed matings there will be a smaller number. Both of these results will tend gradually toward the improvement of the race. That the first—the increased proportion of marriages among the healthy—will do so, is obvious. The second—the marriage of like with like in respect to health—would, it seems probable, operate to increase the number of progeny of healthy couples and decrease that of the unhealthy, especially after the first generation. Since athletics have come into vogue it is well known that the athletic ideal has led to athletic mating. The tendency of the present devotion to athletics must be to elevate the respect for physical prowess. The high esteem entertained in Japan for physical training and for hygiene as a guarantee of the fighting power of the country, constitutes an object lesson, if not a warning, to Americans who wish their country to be the peer of the West. It would be folly, of course, to expect any change in ideals so complete that there would not be numerous exceptions to hygienic mating, but, once the bulk of mankind are guided by a truer principle in forming marriages, the effect on racial development will make itself distinctly felt within a generation. It was Theodore Roosevelt who said: "The preservation of national vigor should be a matter of patriotism." Some persons would even make it a matter of religion.

RICHMOND POST-GRADUATE.

Dr. J. Shelton Horsley, assisted by Drs. W. A. Shepherd and E. H. Terrell, have arranged to establish a post-graduate course in surgery in Richmond, which will embrace clinical surgery, surgical pathology and experimental surgery. The classes will probably start about the middle of February, and will be limited to four students. The courses will be made up in the order in which applications are received.

In clinical surgery, examinations will be made of patients before operation, and the technic at operation, together with pathological lesions present, will be demonstrated whenever possible during operation. The course in surgical pathology will consist of demonstrations in Dr. Horsley's laboratory of gross specimens and microscopical sections, with a description of the operation and the results.

In the course in experimental surgery the class will meet twice a week, and the students will be given an opportunity to operate. The operations will be performed under general anesthesia, and will embrace the ligation of arteries, the making of abdominal incisions, suturing intestinal wounds, trephining, resection of ribs and amputation.

Dr. Shepherd, director of microscopical laboratories at the Medical College of Virginia and clinical pathologist at the Memorial Hospital, will give a course in clinical diagnosis in the Memorial laboratory.

WATTS' HOSPITAL.

The formal opening of the magnificent new Watts' Hospital in Durham, N. C.,

took place December 2, 1909. Mr. Watts, the generous donor of the hospital and the greatest philanthropist in North Carolina—and perhaps in the whole South,—in his presentation called attention to the change in popular mind regarding the mission of the hospital in modern life. Applying his remarks to Durham itself he said that when he gave the first hospital which stands near Trinity College, he was greatly disappointed at the way people received its advent. A corporate good samaritan (though he didn't intimate as much), was welcomed, not as an inn where the pain-worn traveler stopped for rest, but as a second rate butcher shop where exquisite tortures are inflicted by medical tyros. He said the first idea of the public is that the hospital is a place where men are mutilated, mostly by experimenters. That was a decade and a half ago. He had lived to see interest stimulated in modern medical science, and had been forced to enlarge his gifts. Later he conceived the present plan, which is a finality in the beautiful institution which stands as a monument to his generosity.

In presenting the hospital, Mr. Watts first offered the deed to the property and then laid down a certificate for $100,000, which will be its first endowment. He followed this with the announcement that the institution would need cash and from time to time he meant to furnish it the amount that a $200,000 endowment would mean.

Mr. J. H. Southgate and Dr. J. C. Kilgo spoke in eulogy of Mr. Watts' benefactions. Mayor Griswald, of Durham, spoke briefly, accepting the gift on behalf of the Board of Aldermen of the city. County Attorney W. J. Brogden accepted the hospital for the county commissioners, and Dr. A. C. Jordan, for the Medical Society of Durham County, presented resolutions from the physicians of the county.

The Hospital was designed by the late Bertrand S. Taylor, of Boston, and built by Jno. T. Wilson, of Richmond. The building is thoroughly fireproof. The main building is three stories high, the others being two stories. It is beautifully situated in a 25-acre campus, half mile west of Trinity College, the highest place about the city. To the rear of the hospital there is being developed a park of twelve or more acres.

The sanitorium itself is the admiration of every one who has seen it and there is said generally to be nothing in all the South its superior. New Orleans and Baltimore are accredited with having no better. Though designed for $75,000 originally, its first cost has gone to $217,000 for site and buildings, and a trip through it will relieve any possible impression of extravagance in the work. Mr. Watts may be said to have been its superintendent. The plans were the architect's, but his own mind has evolved the structure and equipment to its present degree of magnificence.

It is said that the donor has determined to erect next spring, a nurses' home, which will be in appearance externally, the exact replica of the building which sits furthest South. When completed, the chain will be one beautifully symmetrical, and the cost will be run up to $250,000 for buildings alone. This will increase the number of wards to 71 regularly available, there being but 57 when all nurses are in their rooms, Provision may be made, however, for 90 patients.

There will be no visible head to the institution. It is as much the county's as the city's and the Durham County Medical Society will control it. What they do in the way of operations, employment of other physicians and the like, will be their own concern. Mr. Watts gives this institution to the ill-fortunate of his county with the simple recommendation that no worthy poor be shut out from its blessings. And all of this is done with the true charity that is not puffed up.

PEDIATRIGS AND ORTHOPEDIC SURGERY.

Many will perhaps disagree with the statement that of all the specialties in medicine and surgery, Pediatrices and Orthopedic Surgery are the two least thought of by those of the profession who seek to practice a specialty, while general surgery, general medicine, eye, ear, nose, and throat, Surgery of the genito-urinary tract, gynecology, etc., are first thought of by those who want to leave the ranks of the general practitioners. And in fact in many of the medical schools the Chair of Pediatrics is included in the Department of Medicine as a small subdivision with a few lessons for the student, and Orthopedic Surgery is put in under the head of General Surgery and no special attention given to it at all. Of course every general surgeon believes himself quite competent to diagnose correctly and treat properly any orthopedic case that may come to his notice and really to doubt that the ordinary general medical man is not a finished pediatrist is to be a non-believer in "the Gods that be". However, the cold, bare, unvarnished truth is that the average general surgeon is not at all a reliable orthopedic surgeon to do business with, and, whisper it softly so as not to jar anyone's feelings too much, many, oh! so many medical men far from being pediatrists do not even know how to carry a baby properly, much less examine it and diag-

nose its ills correctly. And of course under these conditions they cannot treat intelligently and successfully, the infant often getting well in spite of the doctor. And when it comes to infant feeding———but why "rub it in" if we may use a little slang.

The two specialties go very well together as the great majority of orthopedic cases are children, although of course many adults must also be treated for orthopedic conditions. The thorough knowledge of pediatrics assists materially, as regards diet and therapeutics, in making a better progress in your orthopedic cases. Therefore the object of this editorial is clear. It brings to your notice two opportunities for success in medicine neither of which however can be attained to unless one is willing to study hard and work hard constantly to master the subject thoroughly. Neither can be mastered sufficiently to render unnecessary continuous study and clinical work. "The world do move" likewise there is constant progress in the science of medicine.

Incidentally one might remark there is no objection to the general practitioners having a "speaking acquaintance" at least, with not only these two specialties but with all the branches of medicine, for to him first of all comes all cases, and ofttimes on his good sense and early treatment, depends the entire prognosis of the case.

THE ISLANDS OF LANGERHANS IN DIABETES.

The etiology of Diabetes Mellitus has long proved a problem of which even now we apparently know but little. However, many interesting and valuable investigations have been carried out which give promise that ere long we shall know. Opie and others have shown that in all probability the islands of Langerhans are of paramount importance in maintaining the normal carbohydrate metabolism, and that in certain cases of diabetes with infuse glycosuria the lesion may consist in their being destroyed while the rest of the pancreas is intact. McCollum, in the *Bulletin of the Johns Hopkins Hospital*, remarks that the fact is recognized, however, that there are many cases of diabetes in which this specific lesion does not occur, and there are many who hold that it is far from proven that the islands of Langerhans have any such special function, and that diabetes is rather the result of injury to the whole tissue of the pancreas. This whole question has been ably reviewed by Souerbeck. It is of course desirable that we should know precisely the function of these islands of tissue, and many experiments have been devised to throw light upon the subject, but the difficulties are such that as yet the evidence is not conclusive. They are so small and numerous and so widely scattered throughout the tissue of the pancreas that there is no question of separating them mechanically, and investigating their activities, as has been done with the other so-called organs of internal secretion.

It is known, however, that if the ducts of the pancreas be ligated, so that the secretion of that gland is obstructed from passing into the intestine, there follow certain digestive disturbances and injuries to the gland, but there is no disturbance of carbohydrate metabolism and no glycosuria. Indeed, even though the animal live for some time, so that a marked scarring and atrophy of the obstructed gland is produced, there need be no glycosuria, although, as Pratt has recently shown, the assimilation limit for carbohydrates may be lowered. This is generally ascribed to the fact that although such obstruction to the ducts causes the atrophy of the secreting acini, the islands of Langerhans, not being connected with the ducts, do not suffer, and indeed are usually found intact in the scar tissue which replaces the gland. A similar explanation for the absence of glycosuria is most plausible in those experiments of Minkowski, in which portions of pancreas were transplanted or dislodged from their usual position and from all connection with the duct, the remainder being removed.

Such experiments seem to promise a satisfactory solution of the question if it is true that by such means the secreting tissue of the pancreas can be made to atrophy completely; for then if the islands of Langerhans really remain intact, they might finally be secured in a pure state so that their specific function could be studied.

McCollum, in duplicating Minkowski's experiments, went a step further and removed the thyroid gland, some time after the dog had been depancreotized. The thyroidectomy was followed by disappearance of the glycosuria which had followed removal of the pancreas. Experiment seems to indicate that there is a possibility that if pancreatic insufficiency be slowly enough produced, some other organ may supply the function and maintain carbohydrate metabolism. It is known, as Eppinger, Falta, and Rudinger have pointed out, that extirpation of the thyroid gland decreases glycosuria produced by adrenalin when the pancreas is intact. Grey and de Sautelle have proven the same thing for the glycosuria following ether anæthesia, and McCurdy for alimentary glycosuria. But for the glycosuria following extirpation of the pancreas the experiments quoted by

Eppinger, Falta, and Rudinger show a diminution, but not a complete disappearance; after thyroidectomy.

On December 18 the Wake County, N. C., Anti-Tuberculosis Society was organized under most auspicious circumstances.

The meeting was held in the rooms of the Chamber of Commerce, having been called by Dr. Albert Anderson, who was appointed as county secretary by the State society. There was a large attendance of physicians and laymen of Raleigh and of the county—a delegation of twelve ladies of the Woman's Club being present to hear the addresses and take part in organizing the association for this county. Dr. Anderson presided over the the meeting, and a large number of those present were enrolled as members, paying the dues of $1.00 a year which go to the State Anti-Tuberculosis society for its work.

Having organized, the association went into the election of officers and this resulted as follows: President, Mrs. W. N. Hutt; First Vice-President, Prof. Z. V. Judd; Second Vice-President, Mr. T. P. Jerman; Treasurer, Col. Fred A. Olds. The secretary, appointed by the State society is Dr. Albert Anderson, and the officers are to name the Board of Directors.

The object of the meeting was presented by Dr. Albert Anderson, who gave a clear and concise view of the purposes to conduct a campaign against tuberculosis.

A number of valuable papers were presented by both physicians and laymen. Papers and addresses were presented by Drs. T. M. Jordan, R. H. Lewis, Albert Anderson, W. S. Rankin, Messrs. J. Y. Joyner and R. W. Winston, and Mrs. E. E. Moffitt.

Dr. Jno. M. Faison, of Faison, Duplin County, N. C., has announced his candidacy as Congressman from the Third North Carolina Congressional District.

Dr. Faison is a gentleman of character and ability, well versed in State and National political issues, a forceful, eloquent speaker and an able, successful, convincing campaigner and debater. Should the nomination come to him he will measure up fully to every obligation, make an active, vigorous, brilliant campaign of the entire district and an able, useful representative of the Democratic people.

SEABOARD MEDICAL ASSOCIATION.

The Seaboard Medical Association held its annual meeting at Norfolk, Va., during the second week in December, 1909. Hookworm Disease received a large share of the society's attention. Dr. E. C. S. Taliaferro, of Norfolk, led the discussion. Others who participated were Drs. E. C. Reece, of Courtland, Va., S. M. Crowell, of Charlotte, N. C., and Wertenbaker of the United States Public Health and Marine Hospital Service. The society unanimously expressed the opinion that Rockefeller's gift of $1,000,000 should be looked upon as a blessing. Dr. J. R. Speight, of Norfolk, and Dr. A. M. Burfoot, of Fentress, Va., presented valuable papers.

Other papers which were discussed, were: "Malaria Haematuria," by Dr. J. W. Smith, of Branchville, Va.; "Malaria Haemogloburia," Dr. E. W. Lassister, of Rich Square, N. C.; "Typhoid Fever," Dr. C. E. Eason, Hickory, Va,; "Experiences With Puerperal Eclampsia," Dr. Joseph H. Hiden, Pungoteague, Va.

EITORIAL NEWS ITEMS.

The Hook Worm Congress.

The Hook Worm Congress will meet in Atlanta, Ga., January 18 and 19.

On the opening night, it is intended to have addresses from Dr. Charles Wardell Stiles and Dr. R. M. Cunningham, of Alabama. Dr. Stiles has a world-wide fame for his investigations of the hook worm, and is an accomplished public speaker, accompanying his lectures with stereopticon slides of the conditions of the hook worm in the various stages.

Dr. William H. Welch, chairman of the Rockfeller commission, is expeted to deliver an address on the work of that body and in this he will no doubt outline his program.

The first day's session will be devoted to papers and addresses, and the second to an open discussion of the whole subject. The range of discussion will include the history, pathology, treatment and prevention of the disease and it is expected that it will culminate in a permanent organization to conduct the campaign for the eradication of hook worm.

In addition to the outline of the plans for the convention, the committee has drawn up a regular program of the events for each day, this being as follows:

TUESDAY, JANUARY 18.

10 a. m.—Conference called to order by the president of the chamber of commerce.

Addresses of welcome by his excellency, Joseph M. Brown, governor of Georgia, and his honor, Mayor Robert F. Maddox.

"History of Hook Worm Disease"—By an eminent authority.

"Life History of Parasite and Method of Infection"—Charles Wardell Stiles, Ph. D.

"Rural Hygiene with Special Reference

to Hook Worm Disease and its Prevention" —By an able speaker.

"Pathology"—By a student of the disease.

"Symptomatology and Diagnosis"—Dr. H. F. Harris.

"Treatment."

"Economic Effect of the Disease."

"How Best to Combat and Eradicate the Disease."

PUBLIC MEETING.

Tuesday night, at the auditorium, there will be a public meeting, when Dr. Stiles will give his famous stereopticon lecture, showing how the victims of the hook worm look at different stages.

There will be addresses by several gentlemen of national reputation, on the effects of the disease.

WEDNESDAY.

Wednesday morning will be devoted to a general discussion, followed by the accomplishment of a permanent organization and the launching of a campaign similar to that instituted against tuberculosis. On Wednesday afternoon the members of the conference will be given a reception at the Piedmont Driving Club.

As a result of an election, in which there were numerous candidates, officers of the Orleans Parish Medical Society, of New Orleans, La., were elected December 11th. The election resulted in the selection of the following officers: Dr. B. A. Ledbetter, president; Dr. Eugene H. Walet, first vice-president; Dr. P. L. Tribaut, second vice-president; Dr. Charles N. Chavigny, third vice-president; Dr. Charles P. Holderith, secretary; Dr. Howard D. King, treasurer; Dr. Homer J. Depuy, librarian.

Additional members of the Board of Directors: Dr. Joseph T. De Grange, Dr. Arthur Nolte and Dr. W. H. Seeman.

Medical Society Election.

At a meeting of the Hamilton County Medical Society, which was held in Chattanooga, Tenn., on the evening of Dec. 17th, Dr. Wm. A. Duncan was elected president; Dr. J. H. Atlee, vice-president, and the incumbent, Dr. H. P. Larimore, secretary and treasurer. All agreed that last year was the most successful in the history of the society as to attendance, interest in the meetings, and quality of papers read. The society closed its year's work with over $100 in the treasury.

The Chi Zeta Chi medical fraternity met in annual session in Nashville, Tenn., on Dec. 29th, 30th and 31st. Medical men from various parts of the United States attended this meeting, which was very pleasant and profitable.

The western branch of the Norwich Pharmacal Co. has moved into their new building with 20,000 square feet of floor space, located at 1064-1076 West 37th St., Chicago, Ill.

The Wake County Medical Society, met in annual session in Raleigh, N. C., on Dec. 30th.

In addition to the discussion of topics concerning the profession there was held the annual election of officers.

The new officers elected are:

Dr. R. H. Lewis, of Raleigh, president.

Dr. S. P. Holding, of Wake Forest, vice-president.

The officers re elected are:

Dr. W. C. Horton, of Raleigh, secretary.

Dr. K. P. Battle, of Raleigh, treasurer.

As delegates to the North Carolina State Medical Society, the Wake County Society elected Dr. J. J. L. McCullers, of McCullers, and Dr. Albert Anderson, of Raleigh.

The Dallas County (Texas) Medical Society, at a meeting held December 4, elected the following officers: President, Dr. Edward H. Cary; Vice-President, Dr. Thomas Benton Fisher; Secretary, Dr. Albert W. Nash.

The Morgan County Medical Society, of Alabama, at a meeting held on December 2, elected the following officers: President, Dr. W. L. Dinsmore of Decatur; Vice-President, Dr. F. B. Hunter; Secretary-Treasurer, Dr. J. L. Gunter; Censor, Dr. W. B. Watson.

The South Texas District Medical Association held its semiannual meeting in Galveston on Thursday, December 9th, and elected the following officers: Dr. William Keiller, of Galveston, president, succeeding Dr. J. M. O'Farrell, of Richmond, whose term expired; Dr. D. S. Weir, of Beaumont, vice-president; Dr. E. F. Cooke, of Houston, was re-elected secretary-treasurer. The next meeting will be held at Houston the second Thursday in June.

The Newton-Neshoba-Winston Tri-County Medical Association met in Newton, Miss., on December the 13th, with a good attendance. Officers for the ensuing year were elected as follows: Dr. G. H. McNeill, re-elected president; Dr. J. N. Whittle, first vice-president; Dr. W. D. Davis, second vice-president; Dr. S. A. Majure, secretary and treasurer. Drs. Rush, Whittle and

Majure were chosen as censors, and Drs. Allen and Rush delegates to the State Medical Association, with Drs. Hagan and Davis as alternates. Various matters of interest to the profession were discussed, among them Dr. Rush presented a case of pellagra, which was examined and discussed by several.

Thirty-nine trained nurses, composing the largest class ever graduating from the Charity Hospital, New Orleans, La., received their diplomas December 9th. It is the first class to graduate during the administration of Dr. Danna, the present house surgeon. Dr. E. S. Lewis made the introductory remarks. Then followed the report of Sister Agnes, directress; the report of Dr. J. A. Danna, chairman of the faculty; address by Rabbi Max Heller and the awarding of diplomas by Dr. Lewis.

At the annual election of the Cumberland County Medical Society, which was held in Fayetteville, N. C., Dec. 16th, the following officers were elected:

President, Dr. Seavey Highsmith; vice-president, Dr. P. W. Olive, of Wade; secretary and treasurer, Dr. W. S. Jordan; delegate to meeting of State Society, Dr. J. F. Highsmith; Alternate, Dr. George A. Graham, of Raeford; Board of Censors: one year, Dr. J. V. McGougan; 2 years, Dr. T. C. Bullock; 3 years, Dr. J. W. McNeill.

At this meeting Dr. J. W. McNeill read an interesting paper on "Some Dangers That May Arise in the Sanitary and the Preventive Campaign."

According to figures of the State Health Department of Alabama, there were fifty-five deaths from pellagra in that state from January first to October first, 1909, with thirty-eight cases yet under observation. Of the thirty-eight noted, about twenty are known to be habitual users of corn meal.

Sullins College, the Methodist female college of Bristol, Tenn., was suspended on December the 8th on account of a typhoid fever epedemic. Four cases were reported, and while none of the patients were in a critical condition it was thought advisable to suspend the school until after the holidays as a matter of precaution against a general epidemic.

Dr. Tom A. William, of Washington, D. C., has recently been elected associate member of the Society of Medicine Mutuale Clinique, of Paris.

Fifty-Seventh Annual Meeting of the Medical Society of the State of North Carolina, Wrightsville Beach, June 14-16, 1910.

CHAIRMEN OF SECTIONS.

Session of 1910.

Anatomy and Surgery—Dr. John Hey Williams, Asheville.

Materia Medica and Therapeutics—Dr. C. S. Grayson, High Point.

Practice of Medicine—Dr. Wm. R. Kirk, Hendersonville.

Physiology and Chemistry—Dr. Charles S. Mangum, Chapel Hill.

Obstetrics—Dr. Joseph Graham, Durham.

Gynecology—Dr. J. Ernest Stokes, Salisbury.

Medical Jurisprudence and State Medicine—Dr. Chas. O. H. Laughinghouse, Greenville.

Pathology and Microscopy—Dr. Paul H. Ringer, Asheville.

Railway Surgery—Dr. Robert L. Gibbon, Charlotte.

Paediatrics—Dr, James W. McGee, Jr., Raleigh.

More than 150 physicians from Alabama, Mississippi and Louisiana met in Gulfport, Miss., on Dec. 14th, at a special meeting of the Harrison County Medical Society at the rooms of the Gulfport Commercial Club, and began the study of pellagra.

The programme was carried out as follows: "Symptoms of Pellagra," Dr. C. C. Bass, of New Orleans, with lantern demonstrations; "Differential Diagnosis of Pellagra," Dr. Isidor Dyer, of New Orleans; "Blood in Pellagra," Dr. E. M. Mason of the State Board of Health of Alabama; "Pellagra Among the Insane in Alabama," Dr. E. L. McCafferty, Mount Vernon, Ala.; "Nervous and Mental Affections," Dr. E. M. Bondurant, of Mobile; "Transfusion of Blood and Report of Cases," Drs. H. P. Cole and Gilbert Winthrop, of Mobile.

The Virginia and North Carolina Association of the Physicians and Surgeons of the Seaboard was held in Norfolk, Virginia, December 7th, 8th and 9th, 1909.

Over 200 physicians attended the convention, and the sessions were held in the Lynnhaven Hotel.

Following an invocation by Rev. James M. Owens, rector of St. Paul's Episcopal Church, the address of welcome in behalf of the profession of Norfolk and vicinity was delivered by Dr. J. E. Sebrell, of Norfolk. W. H. Sargeant, Jr., delivered the address of welcome in behalf of the citizens of Norfolk in general.

There were two responses, one in behalf

of the Virginia visiting physicians, by Dr. J. H. Hiden, of Pungoteague, Va., and the other in behalf of the North Carolina physicians, by Dr. Armistead K. Tayloe, of Washington, N. C. Both were well received.

The three feature addresses of the evening followed. Dr. Southgate Leigh, president of the association, had for the subject of his address "The Education of the Public on the Cancer Problem," in which he made the unqualified statement that early in the disease it is curable, and further states that it is absolutely preventable. The importance of this, he said, was significant, as the mortality from the various forms of the disease is large.

The annual oration was made by Dr. W. T. Parrott, of Kinston, N. C., and his subject was "The Student Doctor." Dr. Wertenbaker's address on pellagra closed the session.

The following officers were elected:

Dr. W. T. Parrott, Kinston, N. C., president.

Dr. Joseph Grice, Portsmouth, Va., vice-president.

Dr. B. F. Halsey, Roper, N. C., second vice-president.

Dr. J. E. Rawles, Suffolk, Va., third vice-president.

Dr. H. D. Walker, Elizabeth City, N. C., fourth vice-president.

Dr. Israel Brown, Norfolk, Va., treasurer, (re-elected).

Dr. J. H. Hiden, Pungoteaque, Va., orator.

Dr. Parrott, the new president, is s graduate of Tulane University, New Orleans, La., and also a graduate of the University of North Carolina. He is prominently known through North Carolina and is one of the most active members of the association.

The next meeting of the association will be held in Kinston, N. C., the home of the president.

There was a meeting of the Wilson County Medical Society held in the courthouse in Wilson, N. C., on December 1st, for the purpose of electing officers for the ensuing year, which resulted as follows:

Dr. Henry B. Best, president; Dr. Carl Moore, vice president; Dr. E. T. Dickinson, secretary and treasurer. Dr. Ben S. Herring was elected delegate to the State Society, which meets in annual session next summer.

Dr. Barnes read an interesting and instructive paper on "scarlet fever."

The society took steps to organize an anti-tuberculosis society in the county.

Marriages.

Dr. C. M. Lentz, a recent graduate of the North Carolina Medical College, and who is now located at Albermarle, N. C., and Miss Nelle Jones, of Lexington, were married on Dec. first at the bride's home.

Dr. and Mrs. Lentz will make their home in Albemarle, where Dr. Lentz has a good practice.

Dr. Andrew J. Tullos, a physician of Raleigh, Miss., and Miss Annie D. Cooper, of Florence, Miss., were married Dec. 23rd. Dr. Tullos graduated from the Medical Department of the University of Tennessee in 1892.

Dr. Samuel Lanier Stringfield and Miss Addie Louise Sloan, both of Waynesville, N. C., were married at the home of the bride's parents, Mr. and Mrs. B. J. Sloan, on December 28th.

Dr. Stringfield graduated from Jefferson Medical College, Philadelphia, Pa., in 1905, and in the same year he received his license to practice medicine in North Carolina. In 1906 he joined the State Medical Society, of which he is a prominent young member.

Deaths.

Dr. James W. McGhee, Sr., the oldest physician in Raleigh, N. C., died at his home in that city on December 7th. He had been in poor health several years and his death was due to heart disease. He was 71 years old, and was a native of Duplin county. A wife and three children survive him, one of these being Dr. James W. McGhee, Jr., of Raleigh.

Dr. McGhee has been the physician in charge of the Methodist Orphanage in Raleigh since its foundation.

He graduated in medicine from the University of Pennsylvania, Philadelphia, Pa., in 1860. Since his graduation from that institution he has been a very successful practitioner of his profession, and is a man who will be greatly missed in the medical profession of North Carolina. He received license to practice medicine in this State the year he graduated, 1860, and in 1865 he joined the State Medical Society, of which he has been a most honored member.

Dr. H. H. Harris, one of Wake county's most prosperous and highly esteemed citizens, and a physician standing high in his profession, died at his home near Wake Forest, N. C., on December 6th, 1909.

Dr. Harris was seventy-five years old

and had been ill for some time and his friends were deeply concerned as to his health, his death coming as a shock. He was born near Wake Forest and until four years ago had been active in the practice of his profession.

Dr. Harris was held in high repute not alone by the people among whom he practiced for but by the medical profession of the State, and he was one of the regular attendants on the State Medical Society, of which organization he had been a member for 23 years.

Dr. Harris graduated in 1860 from the University of Pennsylvania, and in the same year of his graduation he received license to practice medicine in North Carolina, and since that time has been very successful as a practitioner.

Dr. T. Birchett Twitty, one of Rutherford county's most prominent citizens, passed away at his home at Rutherfordton, N. C., on December 10, 1909, after an illness extending over several months. Dr. Twitty had been in declining health for the past year or more and gradually growing worse his death was not unexpected at this time.

During his entire life Dr. Twitty was prominent in the business enterprises of his county, and at the time of his death was president of the Commercial Bank, and also president of the Dr. T. B. Twitty Drug Company, one of the oldest business houses in Rutherfordton, and of which he was the founder.

Dr. Twitty graduated from the New York University in 1868, and since that time has been a very prominent member of the medical profession of North Carolina. He joined the State Medical Society in 1904 and was been an honored member of that association since that time.

Dr. John C. Furnis, a prominent physician of Selma, Ala., died at his home in that city on December 3rd. In his death the Dallas County Medical Society lost one of its ablest members.

Dr. Furnis was educated at Professor Tutwiler's Greene Springs School and at the University of Alabama, from which institution he graduated in 1860. Immediately after leaving the University of Alabama he entered the New Orleans School of Medicine, from which he graduated.

Dr. John J. Archinard, one of the best known physicians in New Orleans, La., died at his home in that city on December 28th. Apoplexy was the cause of his death.

Dr. Archinard was professor of chemical microscopy in the medical department of Tulane University, a position he has held for the last nine years. He was an ex-president of ths Orleans Parish Medical Society, and at the time of his death was vice-president of the Louisiana State Medical Society, and a member of the American Medical Association.

Dr. Archinard graduated in medicine from Tulane University in 1882.

Dr. C. Z. Williams, of Covington, La., died December 7th in the New Orleans Sanitarium, where he had been taken for an operation.

Dr. Williams graduated from Tulane University of Louisiana in 1860 and since the year of his graduation he has been quite prominent and successful as a practitioner.

Dr. Henry H. Malone.—After a short illness Dr. Henry Holcombe Malone, one of the oldest citizens of Brewton, Ala., died December 19th, having attained the age of nearly 73 years at the time of his death.

He graduated at Bellevue College, New York City, in 1860, and soon afterwards removed to South Alabama, where he has been prominently identified with the business, professional, political and social interests of that section of the country.

Dr. Oliver Hicks, a well known physician of Caroleen, N. C., died at his home on Jan. 2nd. He was a man who was very prominent in the medical profession of North Carolina.

In 1863 he graduated from the Medical College of Virginia, and since that time he has been successful as a practitioner. He joined the North Carolina Medical Society in 1904, and at the time of his death was President of the Rutherford County Medical Society.

Dr. E. S. Pendleton, a very successful and popular physician died at his home in Iron Gate, Va., on December the 27th, after a long and painful illness.

Dr. Pendleton graduated from the Jefferson Medical College, Philadelphia, Pa., in 1854.

Papillary Tuberculosis of the Vaginal Cervix.—Euerling (Berl. klin. Woch) says that tuberculosis is an infrequent disease of the female genital organs. The writer reports a case of isolated, probably primary tuberculosis of the vaginal portion of the cervix uteri, in papillary form, simulating a cauliflower cancerous growth. The commonest location is in the tubes, next in the fundus uteri, ovaries, cervix, vagina, and vulva. Genital tuberculosis usually in-

volves several organs, rarely being located in one. It is generally secondary to involvement of the lungs, intestines, or glands. The infection may be carried to the genital organs in three ways; by the blood, lymphatics, or directly to the vagina. Direct infection through the vagina may occur in coitus, gynecological examinations, or masturbation, or from laundered clothing. A patient may infect herself from her own sputum or that of others. Infection of the cervix is extremely rare, the infection generally stopping sharply at the os internum. This is due to the protective power of the pavement epithelium covering it. The infective tissue may be in the form of miliary tubercles, ending in tuberculous ulcerations; diffuse tuberculous infiltration, with a strong tendency to cheesy or fibrous degeneration; and papillary tumor, with cauliflower-like prolongations. Others add a fourth form, tuberculous catarrh, in which microscopic examination shows no bacilli or tuberculous tissue formation, only a purulent catarrhal discharge caused by the bacilli on the surface of the mucosa, which is redened, injected, and covered with pus, the epithelium desquamating. The rarest and most interesting form is the papillary tumor. The diagnosis from carcinoma is made only by microscopic examination after total extrrpation of the uterus. He reports a case of this form of tuberculosis observed by him in a virgin twenty-five years of age, who showed no involvement of any other organ. The growth was the size of a small apple, bleeding easily, and very fragile. Microscopic examination showed it to be a tuberculous growth. Supravaginal amputation of the cervix was performed with curettage of the body of the uterus. The patient remained well after the operation, and gained in weight. Had the diagnosis not been made by examination of a portion of the growth a total extirpation would have been done. There was no evidence of infection by way the blood current. As to a direct infection, coitus had never taken place, the hymen was intact and small, and she had never had a vaginal examination before. The extremely superficial location and circumscribod eharacter of the growth were in favor of a primary infection.

On Percussion as an Aid to the Diagnosis of Fractures of the Skull.—Hogarth (Edinburgh Medical Journal) thinks that it is best to carry out percussion with the fingers without any intermediary pleximeter. The head of the patieut should be supported with the examiner's left hand placed beneath the occiput, while the right hand is left free to percuss. The two sides should be compared, and the mouth should be either opened or closed during this comparison. The writer says that in case of fracture one of two changes in the note elicited may be found to be present—either the note is lowered in pitch over the fracture zone, or in addition to the lowering of the pitch a definite crack-pot quality is introduced.

For either change to be brought about it is necessary that a fracture (fissure) must extend a certain distance over the surface of the skull. A very short fissure may not cause any appreciable change in the note, and the same may happen possibly in a very close gssure. The cracked-pot sound is most marked in comminution, but it is obvious in T-, L-, or V-shape fractures. In some cases there is no alteration of tone at all, but there is likely to be persistent tenderness. The cases reported are not particularly conclusive.

The Differential Diagnosis of Appendicitis and Gynecological Disease.—Bollenhagen (British Gynecological Journal) referred to the frequency of appendicitis and to the number of abdominal affections in women which, from their great similarity to appendicitis, might be confounded with that condition. In this possible error there were several factors: for instance, the anatomical position of the processus vermiformis, which was frequently attached not only to other neigboring organs, but even to the uterine adnexa themselves; moreover, owing to the uncertain seat of the processus vermiformis, the symptoms, even the seemingly characteristic pain of appendicitis, could not be looked upon as definite, since pains arising in the genital organs might be referred to the same place. The differentiation, if possible at all, became so only by means of bimanual palpation, and it must be remembered that neither the appendix nor the genitals might be in fault, but something else, such as a wandering kidney.

Of the gynecological diseases which may erroneously be diagnosed as appendicitis, the following are the most important: (1) Torsion of the pedicle of an ovarium tumor, a condition in which adhesions are very frequent, especially in small tumors of the right ovary; (2) interrupted extra-uterine pregnancy: (3) and most of all, inflammatory affections of the true adnexa, in which during the acute stage a sure diagnosis is hardly possible, and one has to depend entirely upon the anamnesis. Even in recurrent cases, in which one may have to do with adnexal tumors of some size, the diagnosis is sometimes uncertain, for voluminous pyosalpinx may lie high up in the abdomen. In chronic cases the difficulty is

not so great, though even then there may be co-existing disease of both organs. Combined examination is especially important, for nothing certain can be known from the symptoms alone. It is remarkable how often palpable lesions may be found in the right adnexa, to which the pains complained of in the supposed inflammation of the cecum, etc., may be referred with certainty. Combined examination is the more important, as by it one may sometimes discover an exudate or other lesion in Douglas's pouch, and be able to deal with it, in a simple way, from the vagina.

Lippincott's and the New Year.

With the dawn of the new year, the magazine world puts its best foot forward, and proceeds to fulfil promises made in enticing forecasts of good things to come. One of the most interesting of these 1910 publications is the January LIPPINCOTT'S, which doesn't at all suffer by comparison with its attention-attracting Christmas issue. The complete novel is "The Heaven of the Unexpected," by Lucy Meachem Thurston. This writer's name is comparatively unknown to the reading public, but any one who can write stories so absorbing as "The Heaven of the Unexpected" is not likely to remain unknown long. The scenes are laid in New York and in a Southern mountainous region. The character-drawing is cleverly done, and the local color excellent. The author has a rather unusual, tense style of writing which grips the reader and quite refuses to let go.

A most important feature is the first of a series of articles on "What is Wrong with Our Public Schools." The author is Joseph M. Rogers, who some time ago contributed a series called "Educating Our Boys" to this magazine. Mr. Rogers spent many months acquiring data for these papers, and they are both interesting and informative. The school-house, even more than the battleship, is the bulwark of our nation, and, whether you have children of your own or not, you will find in this series much to interest you, much to make you think.

Brief articles on topics of current interest will be found in the department, "Ways of the Hour." They are "The New Year," by Thomas L. Masson; "Ye College 'Joiner,'" by Edwin L. Sabin; "The Leaven of Woman Suffrage Around the World," by George Allan England; "Tampering with Providence," by Clifford Howard; "The Science of the Fairy Tale," by Corinne Martin Lowe, and "Swinging the Arms," by Henry Kennott James.

Rupert Hughes, who wrote "The Richest Girl in the World" and other famous plays, is the author of a Tragi-Comedy entitled "On the Razor Edge." It is very funy and easily "actable". Worth-while short stories are "The Joyful Mother of Children," by Grace MacGowan Cooke and Caroline Wood Morrison; "Bread and Butter," by Mary Hirst; "The Costume and the Cowboy," by Stanley Olmstead; "On the Road to Buenavista," by William MacLeod Raine; "A Flier in Stock," by Edward Crossland Smith, and "The Mascot of the Primer Class," by Lucy Copinger.

Poetry by well-known singers, epigrams by Ellis O. Jones, and "Walnuts and Wine," by a host of amateur and professional humorists, complete the number.

Adrenalin In a New Package.

In addition to the ounce vials in which it has hitherto been supplied, Adrenalin Chloride Solution is now being marketed in hermetrically sealed glass containers of 1 cubic centimeter capacity. "Adrenalin Ampoule" is the name used to designate the new package, and the solution is of the strength of 1 to 10,000 (one part Adrenalin chloride to 10,000 parts physiologic salt solution). In their announcement of the ampoule Parke, Davis & Co. have this to say:

"Adrenalin Chloride Solution has become a necessity in medical and surgical practice. The most powerful of astringents and hemostatics, it lends itself to many practical uses and at little risk of injury in reasonably careful hands. Since the time of its introduction it has been marketed in ounce vials, and of the strength of 1:1000. Experience has shown, however, that a weaker solution is much more frequently required than the "full strength;" and while it is generally an easy matter to dilute with water or normal saline solution, in certain emergencies an already fully diluted preparation is to be preferred. While the danger of deterioration from occasionally opening a vial containing a solution of Adrenalin Chloride is not great, still, in consideration of the fact that a dose is needed now and then for hypodermatic injection, it is believed that the small hermetically sealed package will be welcomed because of its greater convenience and security."

As will be apparent from the foregoing, the Adrenalin Ampoule is intended for hypodermatic use. It should be of great value in such emergencies as shock, collapse. hemorrhage, asthma, etc., or where prompt heart-stimulation is desired.

Review of Southern Medical Literature

New Orleans Medical and Surgical Journal, October, 1909.

A Discussion Concerning the Dietetic Management of Tuberculosis.—Dr. G. M. Niles says Dr. L. Brown recommends the following dietary:

"A glass of milk may be given before rising, which may be hot if desired and contain a teaspoonful of whiskey if the cough is severe and distressing. Beef juice may replace the milk. Breakfast served at 8 a. m. should consist of fruit, cereal and cream or butter, eggs, steak or chops, with a little broiled bacon, bread and considerable butter, one or two glasses of milk, and a cup of tea or coffee. If deemed advisable a glass of milk or a raw egg should be taken at 10 to 10:30 a. m. Dinner at 1 p. m. should consist of soup, or tasty bouillon or broth, fish or oysters, rare roast beef, mutton, turkey, chicken, and occasionally for a change, if desired, ham, pork, duck, or a little goose; fresh vegetables in abundance and variety; salads with an oil dressing, puddings, jellies, ice-cream, or simple cake. One or two glasses of milk may be taken at the end of the meal and bread and butter in abundance. A small cup of coffee is permissable. All sauces should be prepared with good butter. When prescribed a glass of milk or an egg may be taken at 3:30 p. m. Supper at 6 to 7 p. m. should include cold roast beef, mutton, chicken, occasionally ham, or eggs; a hot meat with vegetables is often very agreeable; bread, butter, tea, cocoa, milk (one or two glasses), jam or fruit (fresh or preserved). A glass of milk at bedtime and another during the night if awake may be given in some cases."

In acute cases it may be necessary to serve the meals in the bedroom or on the veranda, but, whenever possible, the patient should be encouraged to come to the table, in order to gain the benefit of pleasant companionship and congenial society.

Goitre.—Dr. Geo. Dock believes that the simple goitres require treatment by iodin. Whether we look on this as a thyroid "tonic" or a substitution treatment, it can hardly be doubted that it is a sort of specific for a large proportion of goitres. Yet there are great differences in the rapidity and certainty of the results, differences that are partly explained by the investigations of A. Kocher on iodin excretion in different kinds of goitres. In small, parenchymatous goitres of recent development the results of iodin treatment are almost miraculous, and even the most minute quantity, as by the external application, suffices. In older, more colloid goitres greater care and persistency are required. In regard to the choice of external and internal administration, the latter is always to be preferred, and that external applications, if used at all, should never be carried to the point of causing blisters or permanent pigmentation. The method of choice is the administration of iodin in solution, alone or in combination with an iodid. As excretion is slow, an accumulation should be avoided by giving small doses, or intermitting, or both. From five to twenty minims of Lugol's solution may be given three times a day, every other day. In many cases even large goitres will subside in two weeks under this method. Others require a longer time. Thyroid extract has no advantage over iodin preparations, but many disadvantages. Roentgen rays often cause reduction of the goitre, but often fail. Injections are sometimes useful, but are as dangerous as operations. Patients under treatment should not drink water unboiled, and in goitre regions all drinking water should be boiled.

Texas Medical Journal, October, 1909.

The House Fly as a Disease Carrier.—Dr. A. S. Garrett says that it seems that this important subject suggested as it was many years ago never received much attention until the American-Spanish War, in 1898, when there was a terrible scourge of typhoid fever in the camps of the American soldiers. The great prevalence of typhoid fever in the camps, and especially at Chickamauga, caused the surgeons to make very close observations in reference to the spread of the disease among the soldiers. Quite a number of the army surgeons having observed that flies were numerous in the camps, especially where typhoid fever was most prevalent, and that the disease abated at the coming on of cold weather that checked the multiplication and spread of flies, and that the officers whose tents were screened did not have the disease so much, while the private soldiers who occupied unscreened tents suffered largely from typhoid, rendered it as their opinion, which is found in the government reports on the Origin and Spread of Typhoid Fever in the U. S. Military Camps During the Spanish War of 1898, Vol. 1, that flies were one of the causes, and some believing the chief cause of the spread of typhoid fever among the troops. Since the publication of the report of 1904, other investigations of note have been made in reference to the house fly as a disease carrier in general.

Emetine.—Dr. G. L. Servoss believes that emetine is useful when the digestive fluids are deficient and in very small doses gives

relief in gastric and duodenal catarrhs and in dry ileocolitis. It is indicated in acute intestinal irritations, simple diarrheas, cholera infantum, cholera morbus, when the intestinal secretions are vitiated and unhealthy, or where the stools are fetid. In such cases it improves the secretions. It is a specific in tropical dysenteries. Grain doses, taken on retiring, are very effective in delirium tremens, being followed by several hours sleep. Nauseant doses act antispasmodically, and it is indicated in spasm of the uterus and in the spasms peculiar to childhood. In like dosage it acts as a hemostatic, by relaxing the arterial tension. It is not an important diaphoretic, pilocarpine being more active. As an antipyretic, emetine acts by improving the elimination and assisting in the carrying off of morbid material, and not by its direct action upon the pulse rate or temperature. It is useful in autointoxication, because of its action upon the liver, and has been employed effectually in the treatment of chronic morphinism, to get rid of the retained toxins, due to the sedative action of the morphine. Like ipecac, emetine is useful in croup. It is indicated where the blood is centralized internally, very small doses, frequently repeated, driving the blood to the surface.

The Alabama Medical Journal, October, 1909.

Tetanus.—Dr. S. G. Stubbins says that: Jacobson, in Annals of Surgery, Sept. 3, 1906, concluded that the intra-spinal injections of magnesium sulphate in doses which do not affect the respiratory center or other vital functions, are capable of abolishing completely all convulsions in tetanus. The relaxing effect of the drug may last twenty-four hours or longer.

He believes that the value of the injection lies in the possibility, by abolishing all muscular contractions, of tiding over the patient until the newly formed anti-toxin and the metabolic processes of the body have mastered the toxins fixed by the nerve cells.

There may be some variation of the action of the magnesium sulphate in different individuals. The same dose will produce in some a more marked effect than in others. Women and children seem to be more susceptible than men, and require smaller doses relatively to their weight.

The usual dose is 1 cc. of a 25 per cent. sterile solution injected by lumbar puncture for every 20 pounds body weight in men. For women and children, the proportion is 1 cc. solution for every 25 pounds of body weight.

The injections can be repeated as indicated without limitations as to the number, becoming less frequent as symptoms abate.

Present Theories Concerning Internal Secretion.—Dr. H. Swedlow says that in man when too large a dose of thyroid is administered, excitement, abnormal sensation of heat, increased destruction of proteid, jaundice, albuminuria, cardiac palpation and weakness appear.

On experiment it was also shown that during the administration of thyroid extracts an increase of 0. intake and somewhat smaller increase of co-excretion will be observed.

The facts detailed above point to the theory that the thyroid tissue produces normally some material which has an important control over the process of nutrition of the body, especially over those of the nervous system and is essential for the maintenance of health. (Internal secretion theory.)

The result of extirpation in young animals, the effect of thyroid deficiency in human beings, combined with the beneficial effects of grafting are strong arguments in favor of this view of internal secretion. Other authorities claim that the function of these bodies is to neutralize or destroy toxic substances formed in the metabolism of the rest of the body. According to this theory the animal, whose thyroids have been removed, dies of auto-intoxication. Both theories may be correct.

Virginia Medical Semi-Monthly, Oct. 22nd, 1909.

Mercury.—Dr. H. E. Jones believes that bichloride is a renovator, lubricant, and regenerator of the system, an absorbent and systemic germicide. As bichloride is one of the most powerful of germicides and antiseptics, it is universally used in the whole field of surgery and obstetrics as a preventive of germ infection and as a curative agent in septic cases, and it is recently being largely used as a specific, or curative agent, in most all of the germ diseases by a goodly number of widely separated physicians. The time will come when it will be universally used and applied as a specific or curative agent (by the whole profession) in all infectious and contagious diseases, and also in the functional degenerative and toxic conditions. The profession has been, and is at present, looking for a specific in germ diseases. From many quarters it is pointing its fingers at mercury and its most potent salts, which more nearly approach the ideal than any other known drug.

As bichloride is stable in most acid, alkaline and neutral solutions, it follows that weak solutions in the living tissues do not

break them up, into their component chemical elements, and combine with them to form new compounds, as the living tissues have greater resistance to chemical disintegration than non-living tissues The tissues are classed under the head of higher forms of life, which are not destroyed by the weak solutions. Germs, the lower forms of life, are destroyed by the weak solutions, and hence are destroyed while inhabiting the tissues that are saturated with them.

Examination and Diagnosis of Diseases of the Anus and Rectum.—Dr. E. H. Terrell says that medicine and surgery have undergone a very complete revolution during the last decade or so; old slip shod methods and guess work will do no longer, for the patients expect and demand more than a casual glance and the asking of a few questions. It is not uncommon even now for a patient suffering from some rectal trouble to call to see the doctor and inform him that he wishes treatment for his piles; for the patient often has no conception of other diseases of these parts, and the physician, after asking a few unimportant questions, will write a prescription for some ointment to be applied as directed. The patient may or may not have piles—the ointment may possibly do good, but most probably will not; but, at any rate, you will admit that the patient has not received a square deal. He is most assuredly entitled to a careful and painstaking examination to elicit, if possible, the true nature of his malady.

A correct diagnosis having been made and the proper treatment given, good results will be gotten in the great majority of cases. Without the proper examination, it is fallacy to hope for betterment except by mere chance.

The American Practitioner and News, Oct., 1909.

Cholecystitis.—Dr. A. E. Gardner believes that in mild catarrhal cases the symptoms are slight fever, pain in the hepatic region, tenderness and enlargement of the gall-bladder and occasional jaundice in a greater or less degree. In the suppurative form there is severe paroxysmal pains with fever of a septic type, lucocytosis, enlargement and tenderness and in some cases abdominal distension and jaundice. In clearly defined cases the symptoms are those of acute inflammation in the right hypochondriac region. A chill followed by a rise of temperature, pain, tenderness and a tumor in the region of the gall-bladder are indicative of cholecystitis. Vomiting and jaundice may occur. Like all other acute conditions of the abdominal viscera, the symptoms in atypical cases are obscure, and the diagnosis may be difficult or impossible. It is most likely to be mistaken for appendicitis because it resembles this disease in many respects very much, and for which it has often been treated and even operated upon. In doubtful cases of abdominal trouble in which it is a question between obstruction, a tumor or an inflammation, a blood count may show a leucocytosis, which is quite conclusive evidence of the presence of pus. This also holds true in typhoid complications because leucocytosis does not occur in uncomplicated cases of typhoid.

Some Thoughts About Dysentery.—Dr. P. F. Barbour says that clinically the treatment of dysentery by saline purgation and small doses of the mercuric salts has proven the most satisfactory. There are several possible explanations of the action of the mercuric salts. It may be said in this connection that calomel is more frequently injurious than helpful, and most of the leading German clinicians never use it in such cases, but the mercuric salts, such as the bichloride or biniodide exert an antiseptic action in the upper bowel which is valuable in reducing the number and virulency of the bacteria. They may also aid the liver in its fight against the toxines which are being handled by the liver, and experiments show that these two salts of mercury are eliminated eventually through the mucous membrane of the colon by the same cells which eliminate the toxines of the dysentery bacteria. Is it possible that they will antagonize the toxines at that point? It is certain that their proper administration will diminish very greatly the amount of blood oozing from the inflamed surface and will lessen the tormina and tenesmus, whatever the explanation of the fact may be.

Journal-Record of Medicine, October, 1909.

Pellagra.—Dr. H. R. Slack points out that the sore mouth is one of the most characteristic lesions of the disease and at first resembles stomatitis, but soon the whole mouth, tongue and pharynx resemble the excoriations caused by caustic potash poisoning. The mucous surfaces are often all inflamed. In our cases the sore mouth with burning sensations in the throat and stomach preceded the erythema, which appeared as a sunburn, but it was early in April before sunburn would be found. The back of the hands are invariably first affected. The lesion in this situation is very distinctive and usually furnished sufficient evidence for a positive diagnosis. The lines

of demarcation between the normal and diseased skin are absolutely symmetrical in position and direction. The points of greatest intensity of the skin are over the knuckles. The lesion frequently appears near the end of the fingers and extends up to the middle third of the forearm. The appearance is that of a diffuse redness without swelling, but in some cases swelling occurs. The condition terminates in dry exfoliation or there may be blebs, which rupture, leaving raw surfaces which become covered with crusts. After the hands, the face is most apt to be affected, then the back of the neck. The same symmetry is observed here as in the hand lesions. The feet were also affected in two cases. The appearance of the skin after healing varies. Sometimes it is soft and velvety like an infant's, and, again, it is somewhat pigmented or may have the drawn appearance of a healed burn.

The nervous symptoms vary.

Pellagra shows less elevation of the temperature for the amount of inflammation than any disease we have seen. Our cases seldom went above 99.5 degrees and were frequently subnormal. The urine frequently contained albumen during the intense toxiema.

Diagnosis of Breast Tumors.—Dr. J. P. Watkins says that malignant tumors, mainly the carcinoma, are the most frequent breast tumor. 70 to 75 per cent. of all breast tumors being malignant. The clinician must bear this in mind and consider every mass or tumor that can be palpated in the breast in a woman over 30 years of age as malignant until it has been proved benign. Every single tumor in a woman over 30 years should be explored. Clinically these tumors are doubtful, or malignant. For the malignant tumor without exploration, the complete operation is done. A wide removal of skin, a still wider removal of subcutaneous fat, both pectoral muscles with fascia and all gland bearing fascia of the axilla, if metastic in axillary glands, the glands and fascia of supra clavicular fossa must be removed. Failure to find with the microscope metastic cancer cells in the axillary glands is not proof of their non-existence.

If the tumor is clinically doubtful, an exploratory operation cutting down on the skin subcutaneous fat and tumor, the infiltration, if malignant, is readily recognized, the wound is then cauterized and the radical operation performed.

Anaesthesia.—Dr. E. T. Green believes a good way to increase the value of chloroform as regards life and one that all can use is to place the chloroform bottle in hot water about 100 degrees Fahrenheit, thus raising the liquid to the temperature of the blood, and administer by the drop method. Continue the anæsthetic by replacing the bottle from time to time in hot water or by wrapping a hot towel around the bottle. This warm chloroform vapor is not only safer, but more respirable, and less often followed by nausea and vomiting.

The clinical aspect of ether is stimulation, it is a stimulant to respiration, to circulation and every gland and organ in the body. This being so, it is the anæsthetic to be used whenever shock is anticipated, or where the position of the patient is necessarily such that difficulty in respiration will result.

Ether is contra-indicated in the atheromatous condition of the aged and also where cerebral hemorrhage is feared.

Richmond Journal of Practice, Sept., 1909.

Address of the President of Medical Society of Virginia.—By Dr. Stuart McGuire.

The Southern Clinic, October, 1909.

Lime Hunger.

Texas Medical Journal, November, 1909.

The Fly as the Main Distributer of Typhoid Fever.—Dr. A. L. Lincecum believes that with the evidence in hand that the human body may retain a nidus of typhoid bacilli and excrete the same at irregular intervals, even as long as forty-two years, and that this excreta, infected as it is, furnishes an incubator for the flies to propagate in and furnishes food for the young flies immediately after they are hatched, considering their natural physical fitness to carry this infection around on their feet and bodies, as well as excrete the germs in their feces, combined with their natural fondness for human companionship, especially at meal time, it stands to reason that they play a most important part in the transmission of typhoid.

Let me draw in your imagination a picture, one which no doubt many of you have already seen in reality. We will suppose a case of typhoid fever in a farm house, unscreened, with a shallow well about thirty feet away, a horse lot and an open closet within 100 feet, flies present in countless numbers, The vessel containing the excreta of the patient is taken from the room, its contents carefully emptied as near the well as permissible, a little water is dashed into the vessel and it is emptied right at the well, the flies swarm over the excreta, and then over the food and the whole family takes typhoid. The attending physician

puts on a long face and says: "Bill, your well is contaminated, and your whole family have taken typhoid fever from the water."

Virginia Medical Semi-Monthly, Oct. 8th, 1909.

The Negro as a Factor in the Spread of Tuberculosis.—Dr. T. A. Parker says that the marked tendency of the negro to migrate to the city is known to all. In its crowded factories, mills and unsanitary dwellings he becomes infected, and as soon as his disease is named, and probably at the advice of his physician, he hies him back to the country where the fear of his malady is usually not so rampant as it is in the city, and *carries his iufection with him.* There, without any one to supervise his habits, he soon grows careless, and other members of his family sooner or later succumb, but not until as cooks, washerwomen, nurses, maids, or loafers in the "general store" they have fulfilled their part in the spread of the disease.

Pathognomonic Signs Relating to Appendix Location.—Dr. A. J. Walscheid says in order to make a topographical diagnosis of appendicitis, it is essential, first, to take into consideration the previous history; secondly, the character of pain, whether general or local; third, the presence of gastric disturbance and bowel movement; fourth, the presence of bladder, rectal, leg, lumbar or respiration symptoms; fifth, the degree and direction of tenderness with a careful mapping out of points of most severity; sixth, leucocyte counts, temperature and pulse.

With an observing eye, a keen tactile sense, plus the balance of above mentioned considerations, the topography, pathology and prognosis of appendicitis can in the greatest majority of instances be made.

A Case of Celiac Parotitis.—Dr. E. L. Crutchfield gives the following under etiology:

1. In the history of acute fevers—typhus, typhoid, pneumonitis, pyemia, etc. This was patent to the older writers, such as Austin Flint, Sr., Thomas Bryant, etc. This form of mumps is usually intense and leads to suppuration. When occurring during a fever it is an unfavorable indication. It may appear during the course of secondary syphilis.

2. Parotitis may manifest itself after traumatism of the abdomen (which term may properly include surgical operations), and disease of one or more abdominal organs. The etiology of this variety of parotiditis is obscure. Its existence was formerly not so well known, but at present its recognition is becoming more diffuse. Osler describes it in his "*Practice.*" In the "*Annals of Surgery*" for December, 1904, there is a long and exhaustive article on this subject by Mr. Brennan Dyball, M. B., B. S., F. R. C. S., of Exeter, England. A large portion of Mr. Dyball's paper consists of a review and classification from an etiological standpoint of 101 cases observed by Stephen Paget up to 1887. Between that date and the appearance of Dyball's contribution (1904) about fifty more cases had been recorded by Robinson, Dalche, Dyball, Brewis, Morley, Comby, and Bouchard. To this galaxy of luminaries the writer desires to add his name by a brief narrative of a single case.

3. Sympathetic or symptomatic mumps is observed in connection with facial paralysis.

Abstracts of the Leading articles of the month.

Congenital, Hereditary, and Family Hematuria—Aiken, in the London Medical Lancet, presents a report of seven cases of hematuria in one family, which he has had under observation for seven years. The family consists of seventeen persons in four generations, and ten of these have suffered from hematuria. The hematuria has been inherited, first, through the female side, and then on two occasions through the male side, in one case the transmitting male not being affected. In all the six children the condition has probably been congenital. Two of them were noticed to pass blood-colored urine during the first week of life; in three, blood was first observed at from twelve to eighteen months, when the napkins were dispensed with; and in the sixth (aged eleven months), though to the eye the urine had a normal appearance, albumin was present and blood-corpuscles microscopically in the first specimen obtained (at four months). The children are, with one exception, subject to periodic febrile attacks occurring at irregular intervals during which the quantity of blood passed is much increased. These attacks sometimes occur without very evident cause. Any trifling cold, nasal or bronchial, is invariably followed by an attack, but diet has no such constant effect, though in three of the children the eating of vegetables or apples has very regularly produced it. The exacerbation sets in suddenly, the child is feverish for a day or two and usually confined to bed, there is frequency of micturition, and sometimes enuresis, but never any complaint of pain. The child is well again

by the third day as a rule, though occasionally the indisposition lasts from one to two weeks. During the attack the quantity of blood passed increases for a few days and then gradually lessens, and the urine regains its appearance by the end of the second or third week. Any general disturbance of the health at this time has invariably had the effect of prolonging the attack and increasing the quantity of blood but exercise has no effect in this way, and the attacks are not more frequent or prolonged at one season than another. The quantity of urine passed daily in an attack is normal; the specific gravity is from 1015 to 1030, and the reaction neutral or acid. Albumin varies from 0.05 to 0.5 Esbach, and is in accordance with the blood present. The deposit, which is slight, contains many red blood-corpuscles, abundant blood casts, an occasional hyaline cast, but not others; usually a few crystals of uric acid or of oxalates, and granular matter. There has never been edema or dropsy at any time in any of the cases, nor pain on micturition, nor rental tenderness. The heart and vessels appear normal in all. None of them have suffered from scarlet fever, or rheumatism, or from gravel; and they have never shown any symptoms of scurvy, purpura, or Raynaud's disease. There is no history of other hemorrhage in any of the cases. The other ordinary causes of hematuria (calculus, tubercle, syphilis, neoplasm, etc.) can be excluded.

Diagnosis of Permanent Mental Deficiency in Infancy and Childhood.—Lapage, in The London Practitioner, says that the diagnosis of the slighter forms of mental deficiency, i. e., of less degree than imbecility or idiocy, is not, as a rule, made during the earlier years of life, unless the child conforms to one or other of the well-recognized types, which is relatively uncommon. Inability to sit up, lateness in learning to walk and to talk may excite the alarm of the parents, but these symptoms are put down to mere backwardness. But the diagnosis is easy in the early months of life in the major forms of mental deficiency, especially if the child conforms to one of the well-recognized types and is a mongol, a cretin, or of the microcephalic or hydrocephalic type. The large square skull of rickets may be mistaken for hydrocephalic enlargement. The first thing to do is to exclude deafness and blindness, and great importance is to be attached to the amount of response to external stimuli and to the general liveliness and expression of the infant, though it is the lateness in the development of the physical powers that excites the alarm of the parents. These symptoms of delayed muscular control are also of great importance as an aid to diagnosis in cases where the mental powers are thought to be lacking. That the infant is late in sitting up, that he shows very little response to external stimuli, that he is below the average in height and weight, with the presence of many of the physical stigmata of degeneration, a family history of feeblemindedness or of insanity, small circumference of the head, and poor development of control over the sphincters or the general muscular system, are all points suggestive of mental deficiency, and should be carefully noted in each case. Great irritability and a strained look about the eyes may point to mental deficiency, but in these cases it is necessary to exclude all conditions giving rise to pain in the head, such as otitis, intracranial tumor, and meningitis. It must be remembered that late or underdevelopment of function may be due to other conditions, such as wasting, rickets, deafness, and blindness. As the child gets older the diagnosis becomes increasingly easy, for other tests are applicable, and the difference between the intellect of the child under observation and that of a normal child is much more obvious, receives greater attention, and causes much anxiety. Still, up to the ages of five, six, and seven years there are quite a number of cases in which the diagnosis of real and permanent mental deficiency is not at all easy. The points that help us at this period of childhood are the development of the powers of walking and of talking, the amount of control over the sphincters, and the general mental capacity as judged from the actions, the speech and language, the expression, the powers of memory, attention, imitation, and will, the presence of perverted instincts and habits, such as unusual wantonness and violence, an insatiable appepite, or the eating of clay or dirt. At a still later age we have again better indications of the mental power in the amount of response to skilled tuition, and we can test the mental powers much more readily now that the child has reached an age when those of normal mental capacity can read, write, and do simple sums, for it is in these abstract ideas that the weak mental powers of the slighter cases are made evident.

The Serum Treatment of Chorea Minor.—Mayr (Wiener Med. Wchschrft) says that polyvalent streptococcus-serum of Aronson was employed for the experiments, in view of the relative frequency of streptococcus-infections, which have been found in the bacteriological examination of chorea-cases. The observations of the writer concerned six patients between 4 and 27 years of age; all of whom were treated with injections,

10.50 cem. of the serum being injected into a skin-fold of the posterior axillary line, under aseptic precautions. The reaction consisted in serum-fever (two cases), and in the formation of abscesses or furuncles, which appeared in all but one of the cases. A rapid decrease of the motor manifestations was noted in all cases, persisting in some for a short time only, whereas the improvement seemed to be permanent in others, visibly shortening the course of the disease. The employment of the serum is recommended by the author in cases of chorea with very grave motor disturbances, rapidly leading to exhaustion and collapse, also in the severe forms associated with psychic disturbances. Under these conditions, large doses of the serum are indicated. The disease may also be diminished in severity, or abridged in duration, in the moderate and mild cases, where a combination with salicylic medication is sometimes of advantage.

The Pathological Anatomy of the Psychoses.—Moriyasu (Archiv fur Psychiatrie) says that neurofibrils were found to be more or less diminished, in all regions of the cerebral cortex, in senile dementia; the diminution being especially well marked in the posterior central convolution. The thick fibres are the most seriously involved, in contradistinction to the findings in progressive paralysis. The ganglion cells are well preserved externally, as a rule, whereas the intracellular fibrils are badly destroyed, the nucleus likewise presenting essential changes. A portion of the cells show no deviations from the normal condition, however.

In delirium tremens, the extracellular fibrils are more sparsely scattered in the cerebral cortex, but the change is not very marked in the average case. The ganglion cells are generally rather well preserved; the local atrophic changes being probably referable to the chronic abuse of alcohol. A large amount of blood-pigment is demonstrable in the cerebral tissue and in the vascular sheaths.

The Cerebro-Spinal Fluid, in a Case of Sunstroke.—Dufour (Comptes Rendus de la Soc. de Biol.) says that about five years ago, Dopter reported a few cases of severe insolation (sun-stroke), in which lumbar puncture had been performed, and the presence of a meningeal irritation, up to asceptic meningitis, had to be assumed. The case under the author's observation concerned a previously healthy man 26 years of age, who after insolation began to present the signs of cerebral irritation, with a well marked condition of mental confusion, lasting for two weeks. The first lumbar puncture, on the sixth day yielded a hemorrhage fluid, which escaped in a continuous stream and contained numerous polynuclear cells. The following punctures yielded an amber-colored fluid, without blood clots after centrifugalization; there were lymphocytes instead of the polynuclear cells. On the nineteenth day of the disease, the puncture fluid again presented a normal appearance. A mild lymphocytosis persisted for about five weeks longer.

The changes are explained by the author as due to the modifications of the meningeal vessels under the influence of the high temperature. There is at first an intense hyperemia, followed by hemorrhages into the subarachnoid space, together with a slight inflammatory irritation of the meninges. At the same time, the cerebral cortex is gorged with blood, which accounts for the mental confusion of these patients.

Paralysis of the Hypoglossal Nerve.—Flatau (Die wichtigsten Nervenkrankheiten) says that the hypoglossal nerve has purely motive functions for the muscles of the tongue, and supplies the muscles of the bony framework, the genioglossus, hypoglossus, styloglossus, and the intralingual muscles, such as the longitudinalis and the transversus. At the neck it occupies a rather exposed position, after it has emerged under the stylohyoid. It enters into communications with the vagus and the upper cervical nerves, the latter communication giving rise to the motor fibres for the mesial cervical muscles (the omohyoid, the sternohyroid, the sternothyroid, and thyrohyoid). Unilateral paralysis of the hypoglossal nerve leads to a deviation of the tongue towards the affected side, when the tongue is protruded, whereas in the buccal cavity, the tongue is usually deviated towards the healthy side. The former sign is due to the preponderance of the healthy longitudinal muscle of the tongue. These disturbances give rise to some difficulty in properly removing the remnants of food from the buccal cavity. Atrophy of the paralyzed side is usually present and pronounced. The affected half of the tongue appears more flaccid, does not feel as solid as the healthy side, and presents longitudinal as well as transverse furrows. Reaction of degeneration is demonstrable.

Isolated paralysis of the hypoglossal nerves is rare. The causes include puncture and stab-wounds, the latter in attempts at suicide; pressure from tumors; bone-diseases. Neuritic processes occur in a few isolated cases. The diagnosis must especially consider the bulbar and cerebral palsies of the tongue. Among these, the former are usually bilatereal and combined with other bulbar symptoms; while the latter

become associated with cerebral hemiplegias, and are devoid of the reaction of degeneration. Therapeutically, the first consideration is the control of the fundamental disease. The removal of tumors, specific treatment, suture of the injured nerve, electric treatment of the tongue with the bulb-electrode are recommended, or galvanization of the nerve may be perfomed at the neck, with stationary anode.

The Momburg Belt Constriction to Arrest Hemorrhage.—Sigwart (Arch. f. Gynack) reports some new cases from Bumm's clinic at Berlin, bringing the total to twenty four, in which the Momburg technic was applied to arrest threatening post-partum hemorrhage. The experiences were extremely favorable, and there were no serious by-effects of any kind; in several cases the woman bore the constriction without general anesthesia. The rubber tube is wound two or three times around the waist and drawn more tight until the hemorrhage stops. The simplicity of the procedure and its immediate effect commend it, he asserts, for general adoption in obstetrics, for which it is better adapted than for gynecology. He declares that clinical observation and post-mortem findings have confirmed the harmlessness of the procedure, and as no special skill is required for it, he advocates its use in urgent cases while awaiting the arrival of the physician. As the only failure may consist in not drawing the belt sufficiently tight he gives a picture to counteract the natural dread of this procedure, showing a woman with the belt applied arresting post partum hemorrhage.

The Treatment of Constipation in Children.—Dunlop in the Edinburg Medical Journal states that in breast-fed babies this condition is sometimes due to constipation in the mother, often brought about by her leading a too indolent a life, or drinking too much tea, both of which can be easily rectified by a change in the mother's habits. A deficiency of fat and too little sugar in the milk is a common cause. The addition of malt liquor to the mother's diet has the effect of raising the fat percentage in her milk. A single bottle in the day to the baby of some malted food is frequently efficacious. In bottle-fed children the hard, indigestible casein and deficiency of fat are the most pregnant causes. These can be overcome by the addition of cream and the greater dilution of the milk, preferably by oatmeal water. It must be remembered that sterilization of milk is apt to cause constipation, and a change to raw milk is often all that is required. It must be kept in view that too much fat, as well as too little, is sometimes responsible for the constipation, by causing intestinal digestion, and covering the feces with mucus, which renders them slippery and difficult of expulsion. Orange juice and cod-liver oil are especially useful in rickety and scorbutic babies.

Dietetic measures should always be tried before drugs, as when the latter are once employed they frequently require to be increased in quantity. No plan is worse than the administration of a purgative every few days. A few grains of phosphate of soda or milk of magnesia, when added to the feeding-bottle, are the drugs the author has found most efficacious. Injections or suppositories are not to be recommended for frequent use, as the parts soon become insensitive to stimulation. For occasional use, high injections of olive oil are sometimes serviceable. Suppositories containing aloin, belladonna, and nux vomica are better than soap and glycerin, which are too stimulating. When the stools are gray or clay-colored and offensive, and accompanied by much flatulence, nothing is better than a course of gray powder. In older children the insistence of cultivating the daily habit is of the greatest importance. In the matter of diet, porridge taken with golden syrup, brown bread with plenty of butter, green vegetable, fruit raw or cooked, the limitation of milk, and the avoidance of white bread and the starchy foods are the main dietetic indications. Malt and cod-liver oil in rickety and atrophic children are often invaluable.

He says the most useful drug to be the various compounds of cascara. It acts better, he thinks, when given in small doses, three times a day, than in a larger dose at night and when combined with equal parts of liquid extract of licorice and glycerine, it seldom fails to effect a cure when persevered with for some time. Another old-fashioned method which the author has found of great service is the administration of sulphur and cream of tartar. When mixed with syrup of lemon so as to form a paste it is quite palatable, and readily taken by young children.

Mastoid Empyema and Indications for Operation.—Yearsley in The London Practitioner gives the following seven indications for mastoidectomy:

1. Mastoid swelling, with tenderness on pressure, and fever.

2. Persistent tenderness, even after the subsidence of acute symptoms, a most suggestive symptom, and one on which much reliance may be placed.

3. Superior posterior mentai bulging.

4. Continuance of discharge, mastoid pain, and fever, after abortive treatment has been attempted. (Such abortive treat-

ment consists in free incision of the membrane, prolonged into the meatal roof, hot antiseptic irrigation, the local application of heat, and the local abstraction of blood by means of leeches. If this brings about no amelioration of symptoms in 24 hours, it is useless and even harmful to continue it.)

5. The occurrence of chills, nausea, and meningeal irritation.

6. The presence of streptococci in the pus.

7. When a simple blood-count demonstrates the presence of leucocytosis, and the polymorphonuclear percentage is above normal.

Guaiacol in the Treatment of Chronic Iridocyclitis and Sympathetic Ophthalmia.—Wood, in the British Medical Journal, says that the "combined" treatment, as it is termed by Burnham, consists in the administration of mercury and potassium iodide, combined with the daily hypodermic injections of pilocarpine, his hypothesis being that the pilocarpine arouses and stimulates the ordinary physiological processes to activity in excess of the normal, so that the tissues are more easily acted upon by the mercury and potassium iodide, It is, of course, in the experience of every one that in certain chronic inflammatory conditions of the eye mercury and potassium iodide are very uncertain in their action, sometimes much benefit resulting from their administration, and in other cases the results are *nil*.

He used this treatment in several cases, with much benefit, and in some patients who had previously been treated by other methods without good results; but in his experience the pilocarpine produced such profound depression when injected daily for ten or more days that he cast about to see if there was not some other method of stimulation of the ordinary physiological processes without this great drawback. In fact, in certain cases, the depression was so profound that the patients, although acknowledging their vision was better, refused to continue the treatment, remarking that the remedy was worse than the disease.

Of course the ordinary hot-air bath suggested itself, but was discarded as being too cumbrous, and finally guaiacol was recommended to the author by a colleague. It is, he believes, not generally known that if a small quantity of guaiacol be smeared on the skin, profuse diaphoresis results in about one hour.

The writer has now tried this method in nearly 40 cases with most excellent results, iridocyclitis, vitreous opacities, and interstitial keratitis seeming to be the most suitable conditions for the treatment.

The following is the routine usually employed: The urine is examined, and the mercury is omitted if any albumin is found. The ordinary alterative mixture of hydrarg. perchloid. 1-16 grain potas. iodid. 5 grains is given thrice daily; sometimes instead of the above hydrarg. cum creta 1 grain is given in a pill, thrice daily, together with a mixture containing potassium iodide and tincture of nux vomica. The patient is kept in bed between blankets with two hot-water bottles, then 1 drachm of a mixture of equal parts of olive oil and guaiacol is smeared, not rubbed, either in the axilla or over the epigastrium. If this dose does not suffice then 2 drachms is used, and in rare cases 3, but generally 1 drachm is enough. The part is covered with oiled silk, and a pad of wool is applied over the silk. A hot drink is now given, and profuse perspiration begins in from one to two hours and lasts about five hours. It is difficult to make some patients perspire, and in these cases a hot bath beforehand assists and hastens diaphoresis. In one patient some irritation of the skin was produced by the guaiacol, but this was practically well in a week on ceasing the treatment; but the skin in this case was too irritable to stand the application on the same place two nights in succession.

Generally twelve applications are made, and then treatment is stopped for a few days and begun again if considered necessary. As a rule, the patients are kept in bed the whole time, but occasionally, when the applications are made in the morning, they may be allowed to sit up for an hour or so in the evening, well wrapped up.

The experience at the Shrewsbury Eye Hospital, is that guaiacol is a far more certain diaphoretic than pilocarpine, and does not produce the after-depression of the later drug, while the results are, as far as can be seen, equally good.

He states he has not tried it in any very acute cases, but there does not seem any reason against its use in these conditions. Among the eye diseases for which this modification of the "combined" treatment has been used are interstitial keratitis, iridocyclitis, vitreous opacities, sympathetic ophthalmia, and optic neuritis. In all there was some benefit, and in some the results were remarkably good. Very many of the patients had been previously treated with ordinary routine methods without good results. Certainly in syphilis the condition is more quickly controlled than when mercury and iodide are used alone. Recently the author has been using this treatment in a case of syphilitic perichondritis of the larynx with very good results, when previously the use of mercury and potassium

iodide has not influenced the condition very appreciably.

Treatment of Cerebrospinal Meningitis with Flexner's Serum.—Marsh and Williams (Brit. Jour. Child. Dis.) report their results with fourteen cases which varied in age from three months to four years. Twelve of these fourteen were under one year, and therefore in that period which Flexner's statistics show to be the most fatal, but in spite of this, of the fourteen cases there were seven recoveries, five of which were in children under one year. Only three cases were obtained in the first few days of illness, all of which recovered, of which two were infants of only three and five months' respectively. In the other cases the serum was injected from the seventh to as late as the fifty-eighth day, and therefore in some of them it is possible they might have recovered without this treatment, but even in these the serum had a very definite influence upon the causative organism and upon the cytology of the fluid. The total amount of serum used in each case varied from 10 c.c. to 130 c.c., and the number of injections from one to five.

Appendicitis with Hematuria.—Hammersley (New Zealand Medical Journal) reports a case of appendicitis in which a very rare complication occurred. In 1905 he saw a lady "of mature age" who complained of attacks of dyspepsia accompanied with pyrosis, nausea, pain, and flatulence. The uterus was retroverted and retroflected and the right kidney was freely moveable, but there were no signs of disease of the vermiform appendix. In August, 1908, she was again seen, and said that every three months she was seized with vomiting, rigors, and colic. These symptoms subsided, and at the end of the second day she noticed that the urine was tinged with blood. The attacks were not influenced by menstruation but, though more or less periodical, were provoked by unwonted exertion. In November the author saw her during an attack when the symptoms had subsided. The urine was so deeply tinged that it looked like pure blood. The right kidney was freely moveable but not tender, and there was no pain over the appendix and no abdominal rigidity. The temperature and pulse were normal. The urine did not contain anything abnormal except blood, and cystoscopy showed only a little pouting of the right ureteric orifice which in an ordinary case would not have been regarded as worthy of note. Skiagraphy yielded no evidence of calculus. At the end of January, 1909, the author had an opportunity of seeing her at the beginning of an attack. After a few hours' malaise, nausea and vomiting of bilious fluid commenced, then a rigor supervened, the temperature rose to 102° F. and the pulse to 112, and colic set in. After 36 hours profuse perspiration and sleep followed. All the symptoms pointed to Dietl's crisis, but the kidney, which was easily palpated, was not in the least tender. On the other hand, there was a distinct feeling of fulness over the appendix, and pain was produced on deep pressure. No blood was passed in the urine during or after this attack. Chronic appendicitis was diagnosed. At the end of February a cystic chronically inflamed appendix, evidently on the point of rupture, was removed. The appendix was bound down by adhesions to the back of the cecum and ascending colon and practically lay upon the right kidney, which appeared to be normal and showed no sign of stone. The attacks ceased and the patient's appearance much improved. He suggests that by extension of the inflammation from the appendix to the adjacent kidney all the symptoms of Dietl's crisis and even the hematuria were produced.

The Differential Diagnosis of Rheumatoid Arthritis.—Dent, in The London Practitioner, says that the affections for which this disease is most liable to be mistaken are rheumatism, gout and sciatica. It is in the early and slowly progressive cases of a chronic nature, in which there is not any very marked enlargement of bone apparent, and in subacute attacks, that the chief difficulty arises in differentiating rheumatoid arthritis from rheumatism. The points which may serve as a guide to diagnosis are:

(1) *From Rheumatism.*—(*a*) In the chronic form: invasion of the small joints first (notably the proximal phalangeal joints of the first and second fingers and the metacarpo-phalangeal joint of the first finger and thumb), fusiform swelling, symmetry of the affection, prevalence in women, affections of temporo-maxillary articulation and those of the cervical spine, pain along the clavicle, crepitation or grating felt in the joints on movement, muscular atrophy especially interossei, clamminess of extremities, tendency to spread from small to large joints, anæmia always present, family history of phthisis. (*b*) In subacute attacks: it may be for the first few days impossible to decide. The small joints are attacked first, without any tendency to rapid migration; the swelling is circumscribed; symptoms persist, although under treatment; there is little tendency to high temperature curve; there is very little (if any) tendency to endocarditis and pericarditis. Garrod went so far as to consider the absence of cardiac inflammation as one of the most

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important diagnostic features of rheumatoid arthritis, and said he had never traced either endocarditis or pericarditis in this disease.

(2) *From Acute Gout.*—In the latter there is a tendency to commence by sudden pain and swelling, especially of the great toes, with œdema and redness. It is rare in women. From chronic gout it may be more difficult, but enquiry into the history will throw light. The deformities of chronic gout may resemble to some extent those of advanced rheumatoid arthritis, but in gout there are definite attacks occurring from time to time, and usually deposits of urate of soda will be found near the articulation or in other parts, such as the ears or hands. It occurs more frequently in men, and there is little or no tendency to emaciation. It is of great importance that the two conditions should be differentiated, because the treatment of them is so essentially different. A case of rheumatoid arthritis must not be subjected to a regime so necessary in certain conditions of gout. There are some cases in which, I believe, both diseases are present.

(3) *From Sciatica.*—Where the hip joint alone is affected there is often a resemblance in the symptoms to those of sciatica. A diagnosis can usually be made by careful examination of the part. In rheumatoid arthritis the affected leg cannot be crossed over the other without causing great pain. If the foot is jarred, pain is felt in the joint. There may be considerable thickening, due to bony outgrowths. There may be grating felt on rotation. The general pain is referred more to the joint than to the region of the sciatic nerve and down the limb.

Charcot's joint disease is thought by some to have the same pathology as rheumatoid arthritis, the suggestion being that the affection is rheumatoid arthritis occurring in a patient debilitated by the cord disease. There is in Charcot's disease no pain in the joint, although there is so much degenerative change that the functions are in abeyance. Monarticular rheumatoid arthritis, usually in one of the larger joints, may simulate a tubercular affection, and the differentiation is at times extremely difficult. The vertebral column is sometimes involved to such a degree that the pain and rigidity may lead to the belief that spinal caries is present, and great care is needed in distinguishing these affections.

Still's disease in children closely resembles rheumatoid arthritis, and is, possibly, a modified form of the disease; its nature is uncertain; it occurs mostly in young girls. It differs from rheumatoid arthritis, however, in that the spleen is enlarged and also the liver. The lymphatic glands are increased in size at first, near the joints, and later throughout the body. There is defective development, the eyes may be prominent. It is usually a fatal disease, although it may last for years.

The Treatment of Mucous Colitis.—Johnson, in The London Practitioner, considers this a nervous affection and advises the use of morphine in ¼-grain suppositories in the relief of the acute attacks. This drug should not be used until the stools become pure mucous. Heat may be applied locally and rest is important. A milk diet is indicated, but need not be long continued. In the treatment of the general condition the patient must be relieved of the idea that he is suffering from serious organic disease or that he must regulate the diet. Here wholesome ordinary foods are all that is required. The food should be neither too hot nor too cold. Red wines and acid fruits set up undue peristalsis. No drug will cure the disease and colon lavage is equally useless. The treatment of the subacute phase consists chiefly of the relief of the constipation. Here an enema should be alternated with medicine by mouth. Cod liver oil and iron may be beneficial. Opium is a great aid to those compelled to take part in public affairs. It is desirable that the patient should not know what he is taking. Ten to thirty minims of the tincture will give immunity for several hours. In regard to prognosis cure is rare; amelioration is the rule. Once convinced that one is dealing with an abdominal neurosis, not an organic disease, treat the patient, and the bowels will take care of themselves.

Eclampsia Neonatorum —Esch (Zeitschr. f. Geb. u. Gyn.) describes one case of this uncommon condition; the child recovered. He has previously published two others, and has collected 29 from the literature. Of these 32 cases, in 26 the mother had eclampsia, and in six albuminuria only. Although pathological investigations have been carefully made on the children of eclamptic mothers the clinical side has received little attention. Eclamptic convulsions in the newborn must be carefully distinguished from convulsions of other origin, such as cerebral hæmorrhage, morphia, strychnine; associated circumstances and symptoms should render this easy. The examination of the urine is valueless, for the urine contains albumen and renal casts in the majority of new-born infants. The interval at which the first convulsions occurred after birth varied from a few minutes to 46 hours. The severity of the ma-

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ternal disease has no influence on its occurrence in the child; on the contrary, the majority occurred in mild cases of maternal eclampsia. All occurred in full-term children, and it almost seems as if a certain degree of development of the central nervous system were necessary for the occurrence of convulsions. The prognosis is very bad. As for treatment, not much can be done; subcutaneous saline infusions and warm baths are useful.

Epistaxis in Cerebro-spinal Meningitis.—Rimband (Gazette des Hopitaux) says that hæmorrhage from the nose, cerebro-spinal meningitis, is of favorable augury, representing a liberation of the organism from a certain amount of bacterial elements and their toxins. The value of the bloody discharge is still further increased by the close relations between the blood-vessels of the nose and of the meninges. Among twelve cases of cerebro-spinal meningitis observed by the author, four had hæmorrhages from the nose, which exerted a visibly favorable influence upon the general condition. The bleeding was followed by a drop in the temperature and rapid subsidence of all the meningitic symptoms. The four patients who bled from the nose all recovered without exception, whereas the eight cases without hæmorrhage included three deaths.

Blue Light as an Anaesthetic and Therapeutic Agent.—Winderling (Gazzetta degli Ospedali) comes to the following conclusions:

(1) The nervous system is undoubtedly influenced in a favorable manner by blue light, through the soothing and sedative action of the latter.

(2) In favorable cases blue light exhibits an anæsthetic effect, which is expressed by the absence of pain during short operative procedures, especially in the region of the mouth and face.

(3) Further experiments are required in order to determine whether this anæsthetic effect is due to a direct action upon the pain itself, or indirect, as the result of decompression of the tissues.

(4) The explanation of the mechanism of blue light is still very doubtful.

(5) There exists as yet no accurate criterion which would permit our ascertaining beforehand what sort of an effect may be anticipated in the various cases (success or failure). Consequently, it is not possible to determine the greater or less applicability of the method in a given case at the present state of our knowledge.

Comparison Between the Antiseptic and Aseptic Methods of Operation.—Pendlebury and Black, according to The London Medical Lancet, say that during the year 1907 the use of antiseptic solutions at operations was superseded at St. George's Hospital, London, by the more modern aseptic method. Up to the end of 1906 everything connected with an operation at St. George's Hospital, London, was sterilized by means of antiseptic solutions. The trays and other utensils were cleaned by washing in hot soap and antiseptic lotions. The instruments were boiled and subsequently put in a 1 in 60 solution of carbolic acid. The swabs were subjected to a similar treatment, as were the towels by which the field of operation was surrounded. Gloves were hardly worn in any instance. "The principal changes that have been introduced are largely concerned with details of technique involved in the substitution of aseptic for antiseptic methods—details which are well known to surgeons and about which it is unnecessary to say anything—and certain changes due to the installation of a more complete sterilizing plant than that which existed before the period considered." They publish the results obtained during 1906, the last year of the old regime with those of 1908, the first year in which the new method was used systematically. The writers have examined the hospital records and have gone into the after history of every major operation performed during those two years. The authors have compared 738 operations in 1906 with 673 in 1908 (from a total number of 1,360 and 1,180). In 1906 there healed aseptically 638, 100 became aseptic (13.5 per cent.); while in 1908 the numbers were 624, 49, (7.2 per cent.). The percentage figures are better in all cases in 1908 than in 1906, with the single exception of operations upon the breast.

Torsion of Uterine Fibromata in the Course of Pregnancy.—Piquand and Lemeland (L'Obstet.) say that torsion of the pedicle of a fibroid in the course of pregnancy is a rare occurrence. It occurs especially in primiparæ of advanced age in the first half of pregnancy, and pregnancy alone is not its cause. The predisposing factors are length and thinness of the pedicle, lateral insertion of the pedicle into the uterus, large volume of the tumor, ovoid or reniform shape of the tumor, and noncentral insertion of the pedicle on the fibroma. Determining causes are tumors in the neighborhood of the fibroma acting as mechanical causes of torsion, and distention of the bladder and bowel. The pedicle consists of a serous covering enclosing a mass of edematous connective tissue, with a few muscular and elastic fibers. As a result of the torsion the growth may undergo any sort of degeneration, from softening to gan-

grene. Slow torsion causes change of position of the tumor, lessened mobility, relatively rapid increase in size, softening, and tenderness. Generally it occurs more quickly and is accompanied by severe pain, chills, collapse, and syncope, ending in death from peritonitis, preceded often by abortion. It is a very serious complication for the pregnant woman. It demands immediate surgical interference. The operation to be preferred is laparotomy, and removal of the tumor without touching the uterus any more than is necessary, in the hope that pregnancy will go on to its normal end.

Polypoid Endometritis Complicating Pregnancy and the Puerperium.—Nyulasy (Jour. Obst. Gyn. Brit Emp.) discusses a condition termed polypoid decidual endometritis which, he states, is a result of pre-existing chronic endometritis beginning prior to, or coincidentally with, pregnancy, and continued into the puerperium, during which acute processes are grafted upon the chronic condition in consequence of septic infection. The endometritis of pregnancy has its prototypes in the ordinary glandular, interstitial, or polypoid forms of endometritis met with in the non-pregnant uterus. It may, therefore, in most cases be looked upon merely as the extension of a lesion already existing at the time of conception, and modified by the changes incidental thereto. In many cases it is found to be distinctly syphilitic in origin. It is not merely a hypertrophy of the decidua, that is, a uniform increase of all its tissue elements, either in size or number. His sections show extraordinary development of some of its constituents, notably the vessels, less so the interstitial portion, while very few glands are found in full-time pregnancy. In many of these cases, the placenta may be expelled without expression, and apparently "complete," leaving on its site large or small, irregularly rounded, or dome-shaped masses of chronically inflamed decidua so full of vessels as to resemble cavernous angiomata. These masses are favorable bed for the development of septic organisms, and account for many of the cases where the most careful practitioners have apparently "left something behind," even after a minute scrutiny of the expelled placenta, including its examination under water. Sepsis in the retained masses is predisposed to by so-called necrobiotic changes. He has encountered over 100 cases of polypoid endometritis and he estimates that it will be found in from 3 to 5 per cent. of all pregnancies. Endometritis—glandular interstitial or polypoid—is considered the most important factor in the production of spontaneous abortion. Many cases of adherent placenta are due to it. The symptoms are practically those usually attributed to adherent placenta, namely, rise of pulse, then of temperature, with a rigor, to 103° or 104° F. Fetor of the lochia may be entirely absent. Profuse secondary hemorrhage is not common, but a sudden rather free flow after its partial stoppage is suggestive. Diagnosis depends on the presence of subinvolution, a patulous os, generally admitting two fingers, and in the uterus a mass of varying size, usually covered with blood-clot, together with the symptoms above described. Excepting cases of such virulent infection that the patient is overwhelmed by violent septicemia, practically every case recovers if the operation is done early, but the danger is extreme if it is delayed. Early curettage, with the use of the ungloved finger, or fingers, and a large-looped moderately sharp curette is essential for the satisfactory removal of polypoid conditions of the endometrium in the puerperal woman.

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Roentgen Rays in Pruritus.

Many drugs have been recommended for itching, but the best remedy, according to H. E. Schmidt, is exposure to the Roentgen rays. The method does not depend on suggestion, as was proved by experiments with lead foil, without the knowledge of the patient, As a rule, the relief is not immediate;

in fact, the itching may be worse on the following day. Relief may last for weeks and months, and recurrences are not rare, but can be easily controlled by renewed exposure. The treatment is said to be excellent in chronic eczema, psoriasis, lichen vidal, and lichen ruber verrucosus, as well as in the cutaneous pruritus without evident lesion in the skin. Good results are also seen in scabies and prurigo, and in pruritus scroti, ani, and vulvæ. Male patients should be warned that a temporary azoospermia may result.—Berl. klin. Woch.

Miscellaneous.

Narcosis and Lecithin.

At present the most generally accepted theory concerning the action of narcotics is that they are taken up by the lipoid substances of the brain, with which they form a solution. If the blood be examined during narcosis, it will be found that there is a considerable increase in fat, which is probably nature's method of keeping the poison away from the vital organs. Dr. S. Nerking has tried to paralyze the toxic action of the narcotic by means of intravenous injections of lecithin. Rabbits can be narcotized easily by means of intravenous injections of urethane, but if the same amount is injected with a 1-per-cent. lecithin emulsion the urethane will lose its action, as it combines with the lecithin, and thus will not reach the lipoids of the brain. The same results were obtained with ether, chloroform, morphine, morphine scopolamine, chloral hydrate, novocaine, and stovaine in dogs, rabbits, and rats. The lecithin shortens the anesthesia and diminishes the after-effects, hence it is recommended that it also be tried on man.—Muench. med. Woch

Lactic Acid Bacilli in Melancholia.

After referring to the value accorded toxemic states in causing melancholia, and the reports of good results in diarrhea and constipation from milk soured with lactic acid bacilli, Hubert J. Norman notes several cases of melancholia which were benefited by milk so treated. One patient in particular was an example of hypochondriacal melancholia. He had the jaundiced eye, the sallow complexion, a more than ordinary constipation. At first the bowels were moved with difficulty, and only when strong purgatives were used. He was given soured milk and bacillary tablets,—and the results were most satisfactory. Now the bowels move easily, the complexion has cleared in a marked degree, and in the space of three months he has increased his weight by 11 lbs. Norman does not imagine that ordinary aperient treatment would have wrought this change. Mentally the patient has become brighter, has taken more interest in his surroundings, read the papers and books provided, etc.—British Med. Jour.

Veronal and Veronal-Sodium Compared.

Katzenstein has compared veronal and veronal sodium on one and the same patient, and finds that the bad taste of the latter is usually complained of even when given in tablets with cocoa. Its action, however, is more prompt. If the patient has trouble in falling asleep, but then sleeps the entire night, veronal will answer all purposes if given early enough, but when the patient has less trouble in falling asleep, but wakes up very soon, the sodium compound is preferable, since it acts more rapidly. This prompt action is also very desirable on journeys or in noisy hotels.

Veronal is usually given with hot tea, but may also be taken with carbonated water. The sodium compound should first be dissolved in these fluids. The depression the following morning is usually less after veronal-sodium.—Deut. mediz. Zeit.

Treatment of Ankylosis with Fibrolysin.

The generally good results obtained from the use of fibrolysin led K. Knotz to try the drug in ankylosed joints secondary to rheumatic affections. The patients received no other treatment except hygienic and dietetic measures and warm sulphur baths, with, later, active and passive movements. Several patients felt slightly exhausted on the day of injection, but objective symptoms were not found. The single dose was 2.3 Cc. subcutaneously; in one case 6.9 Cc. and the following day 4.6 Cc. were given without untoward effects. The largest total amount was 117.3 Cc. One patient, aged thirteen, received 41.4 Cc., and another, aged seventy, received 20.7 Cc. Both were suffering from pronounced vitium cordis. The only disagreeable symptom resulting was a slight inflammatory reaction at the site of injection, which rapidly disappeared with moist dressings. The results in general were very good, especially where the ankylosis was due to the presence of extra-articular connective tissue. Less improvement was seen in the presence of pus and where the etiology of the joint condition was gonorrhea. It is also probable that with actual ossification little good will result from the use of fibrolysin.—Medical Klinik.

G. Frank Lydston, M. D., Chicago, Ill., has recently published a paper entitled "My Views of the Race Problem." The article is well written and we take pleasure in reproducing it:

"Garbled interviews, misleading sensational headlines and inaccurate quotations from my lectures and writings on sociologic topics by the secular press have frequently misrepresented my views of various subjects. None have been so wilfully misrepresented as my attitude toward the race problem. I have repeatedly been made to say that I advocated miscogneation. This is utterly false. Numerous journals and magazines already have quoted my views on certain phases of the race problem, the tone of which was alone sufficient to refute this absurd deduction from my work. I have discussed the subject in my "Diseases of Society Degeneracy" in a manner which should set at rest all questions as to my attitude. Briefly, my views are as follows:

"The race problem did not begin with the landing of the first slave on American soil, nor with the liberation of the slaves. It began with the outrage upon the south of attempting to place the ignorant freedman on a political equality with the whites. In this attempt, tradition, custom and local conditions were set at naught. The fourteenth and fifteenth amendments to the Constitution are tantamount to an agreement on the part of the United States to deliver something which it has never been, and may never be, able to deliver either in the North or South, least of all in the South.

"The Southerner, the man of the social and political firing line, was confronted with thealternatives of social and political submergence through acquiescence with the provisions of the constitution, and defending his vested rights by evading the constitutional "big stick" as best he might. He chose the latter alternative, as any race of white men in a similar position would have done for, all theories aside, this was and is a white man's country.

"In the light of experience, the Constitutianal amendments in question are a farce and a menace. We can evade the issue, but—"after us the deluge"—our posterity will pay dearly for the political knavery, impracticality and evasion of issues of their ancestors. A social fire is no less a fire because it is smothered by "bunk" and evasion.

"The North has vituperated and berated the South for its attitude toward the negro, but it is obvious that the regulation of one's household by a neighbor is rarely a success. The family may not always be right, but it knows far better than the neighbors the best method of meeting the exigences of its daily life.

"Legislation against miscogenation is illogical and ineffective because it bars legitimate relations of whites and blacks and does not penalize illegitimate relations. Legislation should go to its logical ultimate; otherwise it puts a premium on all illegitimate relations. The job should be done thoroughly if undertaken at all.

"To what extent may race amalgation eventually occur in this country? No man can say. When we consider that from 20 to 25 per-cent of avowed negroes in America have white blood in their veins, to say nothing of those who have so much white blood that they pass for whites, it does not require much profundity of thought to suggest what may happen. Legislation against animality, against the primitive instinct of sexual selection, has failed. The first step toward amalgamation has been taken. The mingling of bloods has gone on, is going on and will continue, possibly at a geometric rate of increase. The black stream has always contaminated the white stream at its borders, those borders have become yellow and yellow-white, and are encroaching more and more upon the central stream. If the white stream and the black and yellow stream remain segregated there will alwysa

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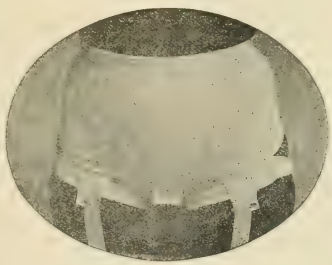

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be a race problem. If they amalgamate the race problem will disappear, but race degeneracy and perhaps extinction for the amalgamated breed perhaps will replace it. Think it over dispassionately and answer me: Can we always stave off the issue? Will not our children and our children's children pay the price of lunacy of their ancestors? Are we not the traditional ostrich with his head in the sand? In short, do we not stand between the Scylla of the race problem and the Charybdis of Amalgamation? One or the other will eventually prevail and bring disaster. The only alternative would be sterilization of the entire negro race, and he would be bold indeed who would dare to advocate this. Humanity at large would never tolerate such a thing.

"The negro is becoming educated—education brings ambition. He is becoming well-to-do—wealth brings power. He is becoming a political factor—this brings more power. Supposing he should demand the fulfilment to the letter of the provisions of the fourteenth and fifteenth amendments. Would he get what he demanded? Hardly. The North could not "deliver the goods" and the South would not. Alas! poor Government. But this never can happen in our day, therefore are we comfortable—again, "after us the deluge."

"It is not pleasant to contemplate the prospect of America becoming populated by an unhappy mixture of races showing physical and mental deterioration as its dominant characteristic, with radical extinction looming up as a darker background to the dark picture. Let it be remarked, here and now, that the North, not the South, will be the first to show the evil results. Social and political segregation in the South are less easily surmountable barriers than any which would have to be climbed in the admixture of bloods in the North. In some ways the North is more intolerant of the negro than is the South, but the intolerance is not so practical so far as segregation and white social self-defense is concerned.

"History and sociologic research alike bear me out in my views of the race problem. Only the ignorant or viciously disposed could construe my views as an endorsement of miscegenation. Frankly, I am not one of those pink eyed optimists who believe that the race problem, if it endures at all, will take care of itself.

"I am very pessimistic, and can see nothing but breakers a head—issues which must one day be met squarely, fairly and courageously. Whether enormous expenditures of money will be flanked by blood or tears or by both, I know not, but I like comfort and piece of mind and am just selfish enough to be glad that I shall not be here to estimate the exact price posterity will pay for the sins and follies of its fathers."

Relaxed Condition of Uterus or Appendages.

Physicians are frequently consulted in regard to various disorders, largely dependent upon a relaxed condition of the uterus or appendages, which is frequently accompanied with Neurasthenic symptoms and are in a congested and engorged state, rendering these organs painful and by their pathological condition very detrimental to the general health of the patient. Many women thus effected object to local treatment which frequently places the physician in an embarrassing attitude, and he is perplexed to to inaugurate a treatment satisfactory both to himself and patient. He feels the necessity of certain drugs which are known to exercise a beneficial soothing tonic effect on the female reproductive organs. In many cases of dysmenorrhea, uterine leucorrhea, menorrhea or urethritis, before he can confidently rely upon permanent beneficial results from any local treatment it is necessary to control by the administration of certain internal remedies, those symptoms which are neurasthenic in character and which are insidiously but surely undermining the constitution. For the purpose of, at least soothing and controlling these pelvic neuralgias the most satisfactory results in such cases can be obtained by the administration of Diovi-burnia two parts combined with Neurosine one part. You can depend upon your patients returning and express themselves that the medicine you dispensed caused their nervousness, etc., to abate and request of you some more of the same. Doctor, give this combination a trial. See advertisement page 000.

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Ch. Dopter says that epidemics of bacillary dysentery in localities where the people are ignorant and have no knowledge of

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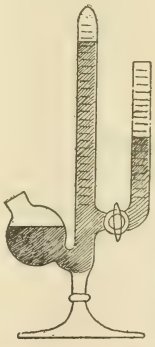

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hygiene spread very rapidly. Isolation is impossible, and disinfection of the discharges cannot be efficiently carried out. Attempts have been made recently to prevent its spread by obtaining immunity by preventive vaccinations. In a family in which the disease has shown itself we may prevent its spread by injecting under the skin of each person ten cubic centimeters of anti-dysenteric serum. A single injection is not sufficient and should be repeated in eight or nine days. Vaccination may be done with serum or with serum-virus. Both are efficacious, but the use of serum is attended by no local or general reaction due to the bacilli of dysentery.—Le Progres Medical.

Diagnosis and Treatment of Puerperal Eclampsia.

Stern and Burnier sum up the characteristic symptoms of puerperal eclampsia and describe the differential diagnosis from neuroses and cerebral diseases. The cardinal symptoms are cephalalgia, high pulse tension, and albuminuria. They go on to describe the various forms of treatment. Blood letting is used by them as a routine procedure as soon as high tension occurs. Purgatives are of value. Veratrum viride has many advocates. The author does not look with favor on renal decortication, since the kidneys are not the only organs involved. Artificial serum injections are valuable as diuretics. The prognosis is bad in multiparæ, when there has been previous kidney disease, when the attack occurs some time before the normal time for labor, and when the attacks are repeated and prolonged.—Gazette des Hopitaux.

Radium Therapy in Gynecology.

Paul Petit says that the use of radium in treatment of cancer of the breast is only justifiable when operation is impossible. Its greatest utility is for the purpose of preventing recurrence in the cicatrix. The rays beneficial effects on all kinds of inflammatory processes, its effect being analgesic, decongestive, and resolutive. It may be used in a tube placed within the uterine canal for meritris or cancer. In the vagina it is used for cancer and for perimetris. On the vulvar orifice it is useful for leucoplasia, cancer, pruritus, vaginismus, and dermatoses, On the abdominal wall it is useful for localized peritonitis.—La Gnyecologie.

Treatment of Quinsy.

The frequency of suppurative amygdalitis in every day practice causes it to be a disease whose management is a matter of no small importance. Attempts to check its progress are usually futile, unless resorted to very early in the course of the attack. Such abortive measures consist in the administration of guaiacum, salicylates, etc., the use of throat paints, a brisk purge, and the external application of cold compresses. With regard to internal remedies a combination of aspiron and salol, five grains of each every two hours, is most useful. Cold compresses in the early stages are of more value and give greater relief than poulticing. Surgical measures hold a high place in the treatment of quinsy, and the importance of early incision can scarcely be too strongly advocated, the mucous membrane being alone incised, and the operation completed by the use of Lister's sinus forceps. Occasionally the supratonsillar incision must be carried through the anterior pillar in order to secure free drainage. The question of tracheotomy seldom arises, though œdema glottidis has been reported by Mygind, of Copenhagen, and others. In most cases the œdema of the uvula and epiglottis rapidly subsides as soon as the supratonsillar swelling has been opened.

Inhalation of steam from a bronchitis kettle often affords the patient great relief. Compound tincture of benzoin may, with advantage, be added to the water. The use of creosote is less beneficial, as it causes a dryness in the throat, which counteracts the otherwise soothing influence of the steam. Spraying the throat with hydrogen peroxide (10 vols.) is a valuable remedy, especially if there is much fœtor or co-existent follicular tonsillitis. Considerable benefit is often derived from the sucking of small pieces of ice at frequent intervals. In virtue of its anæsthetic effect it renders swallowing much less painful, and has, in addition, a direct influence upon the inflammatory process.

Constitutional treatment should never be forgotten. The debilitating effect of an attack of quinsy is well known, and in many cases stimulation is called for. Strychnine may be administered hypodermically, and small doses of brandy if the patient is able to swallow. A mixture containing strychnine and iron is of considerable value as soon as the acute stage has passed. Nourishing fluid diet, such as eggs, milk, jellies, and clear soups, should be given throughout, and increased as the appetite returns. Serum treatment must be resorted to in those dangerous cases of quinsy which tend to assume a septicœmic aspect.—Guthrie, in The Glasgow Medical Journal.

Flatulency.

Besides dietetic measures and exercise,

the author ascribes great importance to massage of the abdomen in treatment of habitual flatulence—energetic massage with rather long sittings—attributing the benefit to the stimulation of the venous circulation. Purgatives should be used only in emergencies. Charcoal and ethereal oils sometimes benefit, although this is not the rule. With a tendency to flatulence there are generally signs of interference with the abdominal circulation, some enlargement of the liver or signs of beginning arteriosclerosis, which explains the benefit from massage of the abdomen. Cardiovascular affections also induce a tendency to flatulence from this same cause. It is also liable to occur with cirrhosis of the liver before the stage of ascites is reached. A sedentary occupation and lack of exercise are important factors in inducing sluggishness in the abdominal venous circulation with its consequent defective absorption of gases and resulting flatulency. The cardiovascular system should be carefully examined as the first step in treatment or the measures advised for the flatulence are liable to overstrain a weakened heart.—Schwarz, in the Medizinische Klinik.

Treatment of Measles.

M. J. Halle says that while measles is not a severe disease in the family where isolation is possible and hygiene can be carried out, it is a fatal disease where this is not possible. The important measures in its treatment are all hygienic; isolation in a moderately light room, with plenty of fresh air, daily spongings and changing of the clothes, washing of the eyes with a mild boracic acid lotion, and cleansing of the nose, throat, mouth, and vulva. Diet should be bland and purgatives avoided, since diarrhea is a frequent symptom. The cough should not be abolished, but softened by ammonia. The child should remain about ten days in bed. In complicated cases prompt treatment is needed. When there are symptoms of suffocation cold baths are useful. In the rare hemorrhagic cases tonics and strychnine are indicated. When there is hyperpyrexia warm baths may be substituted for cold, according to the reaction. In bronchopneumonia, or when it is threatened, warm baths or compresses should be used. In adynamic forms mustard baths are valuable. Diffusible stimulants are demanded and injections of camphorated oil are valuable. Laryngitis demands warm steam sprays in the room. Ear complications should be forestalled by warm instillations into the ears.—La Presse Medicale.

Vomiting of Pregnancy.

Pinard discusses the causation and treatment of incoercible vomiting of pregnancy. He believes it to be due to some poison manufactured in the system of the pregnant woman, which acts on the vomiting center in the medulla, as well as intoxicating the entire nervous system. It is similar to the poison that causes eclampsia. How it is manufactured, and what is its cause is still unknown. One of the most serious symptoms that results from this intoxication is an acceleration of the pulse, with lowered arterial tension. As soon as this occurs, and the pulse has risen to over 100 per minute, it becomes necessary without delay to induce premature labor, else death will soon close the scene. In less severe cases an absolute milk diet may cause relief of the symptoms. The author has rarely seen a febrile condition occur until just before dealh. The cause of all cases of vomiting of pregnancy is the same; in some women the intoxication is overcome, vomiting ceases, and pregnancy goes on to term; in others the intoxication goes on to a fatal issue unless pregnancy is interrupted.—Annales de Gynecologie et d'Obstetriques.

Biological Action of Fulguration.

Ghilarducci describes several cases of malignant tumors treated by the method of fulguration. The instrument consisted of a powerful transformer with closed, magnetic circle, a special resonator, and an electrode with a current of air which permits of modification of the sparks. The immediate results have been good in torpid lesions of various nature, such as tuberculosis, and in a case of nodous lupus of the hand. Analgesia, lymphorrhea, the eschar, and the process of granulation and cicatrization of enormous losses of substance were all demonstrated. He experimented on fulguration of the spinal medulla and peripeeral nerves in a rabbit. Some of these experiments showed that the spark had an almost selective action on nerve elements. Ghilarducci offers the suggestion that the analgesic action of fulguration may lead to experimentation on nerves exposed in cases of inveterate neuralgia.—La Riforma Medica.

A New Method of Treatment of Syphilis, with Reference to Abortion of the Lesions and Attenuation of Its Virulence.

Hallopeau combines local treatment with general treatment in an attempt to abort, or attenuate the virus of the syphilitic infection. For local treatment he injects at the seat of the ulcer, or in the neighboring lymphatics, atoxyl or one of its derivatives, ten centigrams of each in boiled water. In this way he acts directly upon the treponemata included in the chancre, and those which have infiltered the lymphatics, or have been transported into the inguinal glands, which are very virulent. The diagnosis should be made by the use of the ultramicroscope, the quickest method of diagnosis. A local pomade of crystallized atoxyl may be applied over the initial lesion. The injections of atoxyl should be continued daily up to the period of secondary symptoms, that is, for forty-two days. This will prevent the roseola, and the adenopathies, since numerous foci of proliferation of the treponema will be sterilized. An internal treatment by mercury and iodide of potassium is put into practice at the same time, to act against the germs in the circulation. These various methods of treatment can be associated without disadvantage. The results are that the manifestations of the disease are very slight and of very short duration; there is, indeed, a true abortion of secondary syphilis. The earlier this treatment is applied, Hallopeau says, the better are the results for the patient. We may hope, he thinks, to meet fewer cases of generalized syphilis, tabes, general paralysis, and cerebral syphilis in future.—Gazette des Hopitaux.

Mucous Membrane Lesions in Cutaneous Disease.

This important subject, no less of consequence to the rhinologist than to the skin department of medical work, elicited a thorough discussion at the last meeting of the British Medical Association. The author, in opening the discussion, spoke first of the appearance of the mouth and throat membranes in the acute exanthematous fevers. In all of them congestion and sometimes spots of ulceration occur. Erysipelas may extend into these tracts from the skin or from a point where the skin and mucosa meet. Drug eruptions are nearly akin to those of the acute fevers, and, like them, are the result of toxic action. Arsenic has at times a profound effect, at times causing ulceration of the septum. Stomatitis is a familiar effect of mercury. Of the general infections, syphilis is the most common in showing severe mucous membrane lesions. The primary sore is commonest on the mucous membrane of the sexual organs in both sexes. Secondary lesions are common in the mouth. Grooved ulcers with yellowish bases form on the tonsils. Mucous patches and candylomata are familiar lesions at a later period. Sores on the side of the tongue, with white patches of a leucoplakia type, are also common in the intermediary stage, before the full-blown gummata of the tertiary period arrive, and in the last stage deep ulceration and wide scar formation is not infrequent in the mouth or throat. Lupus vulgaris begins in a large number of cases in the mucous membrane of the nose. Finsen reported that 70 to 80 per cent. of his cases in Copenhagen showed involvement of the nasal mucosa. The application of adrenalin and cocaine blanches the membrane and clearly shows the apple-jelly nodules in such cases. Leprosy is said to manifest itself first in the mucous membrane of the pharynx. An early symptom is hoarseness, which was looked upon with great suspicion in the Middle Ages. Pemphigus is often found in the mucous membranes of the mouth, nose and pharynx. At times the bullæ develop in the larynx or bronchi, causing suffocation symptoms. The mouth may show the disease months before the skin lesions appear. Herpes zoster appears on the tongue, palate or pharynx. Rhinoscleroma, a new growth which thickens and hardens the parts in which it grows, usually appears first at the junction of the nose and upper lip.—Morris, in The British Medical Journal.

Vertebral Fibromata.

Jumtel says that vertebral fibromata may be either periosteal or retroperiosteal. The latter vary in size; small ones produce few symptoms, and their diagnosis is practically impossible. If the tumor is abdominal and is of considerable size it will give the following symptoms, although they are not marked: asymmetrical abdomen with a marked depression on one side corresponding to a protrusion on the opposite side; absence of pain; on palpation a regular, circumscribed tumor of extreme hardness; little effect on the general condition; slow evolution. These tumors are exceedingly rare in the thoracic region, and, as far as recorded cases go, have given no symptoms at all. In the cervical region they are indolent, pressure causes no pain, unless there is interference with the nerves of the cervical plexus. They remain isolated from the soft parts, and do not surround them as matignant tumors would do. They may interfere with the movements of the neck if they become very large. These tumors are not dangerous, but only inconvenient. In rare cases there is compression of the intestines and even obstruction occurs. The only thing to be feared is the change into a malignant form of tumor.—Journal de Medicine de Paris.

Exploration and Decompression for Cerebral Tumors.

From a surgical point of view, tumors situated in one cerebral hemisphere have customarily been classed as suitable or unsuitable for removal. There is, however, a third group comprising the doubtful cases, in which the possibility of removing the growth cannot be decided until it has been exposed. In them, one of two methods has hitherto been employed, either a mere palliative subtemporal decompression, or the raising of an osteoplastic flap in the hope of removing the tumor. In the latter event if the removal was now found to be impossible, and decompression was indicated, the only resort at this stage was to remove the whole bone-flap. The consequences of this treatment may be serious. The size of the cerebral protrusion, increased by œdema, may interfere with the union of the scalp wound and cause a hernia cerebri. Or, the pyramidal fibres from the Rolandic area, which is exposed in the majority of cases, may be injured by œdema in the existence of great tension and a one-sided paralysis result. It is to obviate such a complication that a "silent" area is selected for a simple decompression. Again, the removal of bone over the seat of the tumor is not infrequently followed by an increase in the size of the growth from hæmorrhages into its substance. Cushing (Jour. of Surg., Gynec. and Obstet., July, 1909) overcomes the difficulty in these doubtful cases by a simple expedient. He gives the chance of a radical operation by reflecting a large osteoplastic flap with bevelled edges. If the tumor is unsuitable for removal or no tumor is visible, while decompression is called for, a subtemporal area of bone is removed from the lowest part of the bone-flap, and the other half from the side of the skull below the flap, the temporal muscle being held out of the way. The dura is then opened in stellate fashion over a sufficient area for decompression. A wider inspection of the cortex cerebri may be carried out by temporarily reflecting the dura from below upwards over the rest of the exposed area. In cerebral tumor it is usually found that very little cerebro-spinal fluid escapes through the dural opening. That the hemisphere may settle back in such cases and allow of thorough exploration, lumbar puncture is recommended in spite of its possible danger (shutting off the circulation in a hernia through the foramen magnum). The cortex can then be pressed away by means of a spoon-shaped, round-edged spatula, and its condition determined by inspection from

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pole to pole. If subcortical exploration is not indicated, the temporary dural flap is then closed by sutures and the osteoplastic flap replaced, The result is a bony defect under the temporal muscle as in a simple decompression operation. Cushing has adopted this procedure in twenty operations within the last two years "with fairly uniform satisfaction." In some patients in whom no tumor was exposed under the flap one was discovered during the wide inspection of the cortex, or in the subtemporal region below the tourniquet. The method may also prove of advantage after extirpation of the tumor, where post-operative œdema or a recurrence of the growth is feared, or the removal has been incomplete. —Edinburgh Medical Journal.

Cerebrospinal Meningitis in the Nursling.

Lesage says that cerebrospinal meningitis in the nursing infant may be so ill-defined that a diagnosis is difficult. In general the symptoms are fever, agitation, loss of appetite, refusal of food, diarrhea, and evidences of suffering. All these symptoms might indicate gastroenteritis. The distinctive ones are stiffness of the body and neck, and Kernig's sign. The abnormal forms are a paralytic form in which the head falls about like that of a new-born infant, an attenuated form with few symptoms, but often ending in optic or acoustic atrophy, a tetanic form, a convulsive form, a comatose type, and a type in which intense nervousness is the chief symptom, combined with strabismus and nystagmus. The diagnosis can be made positive only by lumbar puncture, and the withdrawal of turbid fluid containing meningococci. — Le Bulletin Medical.

Plastic Massage in Dermatoses of the Face.

Leroy says that massage of the skin of the face, even when by unskilled hands, is of value in lessening dermatoses of the face. Associated with diet it constitutes a powerful and easy method of treatment. Each sitting produces a marked congestion of the skin, with elevation of temperature in the skin, and a sort of succulence and turgescence, causing the papules to be more prominent. This soon passes away and the opposite effects result: there is retraction of the papules and whitening of the skin, with a pleasant feeling. Indications for massage are all conditions in which there is poor circulation. Digestive erythemata, acne, melanoderma, facial obesity, chloasma, and seborrhœic eczema are among them. Acne is especially benefited by it; the papules become smaller and cease to suppurate. In cicatricial forms the new papules evolute without producing cicatrices. The effect of the massage, which is violent, is reducing, and removes pigmentation. It acts on the tonicity of the skin and restores it to a normal condition.— Gazette Medicale de Paris.

Syphilis of the Stomach.

Pater finds that more men than women are affected by syphilis of the stomach, and that alcoholic indulgence leads to it. It appears in surgical cases in the third stage, in others the lesion is secondary in general. It may occur in inherited or acquired syphilis. The time between the chancre and the lesion varies from two to forty years. It may be a diffuse infiltration, gummatous new formations, ulcerations, cicatrices, or stenosis. It may occur at any part of the stomach, and vary in degree and dimensions. It may involve the mucous membrane or all the coats. There are not always vascular lesions. Symptoms: rare gastric pain, dyspepsia, crises of vomiting, loss of appetite. There may be simple gastric catarrh, functional disorders, gastralgia, gastroenteralgia, etc. When ulcer occurs it gives the usual symptoms. Tertiary syphilis may exist in one of three forms: gastritis, ulcer, and a cancerous type with or without stenosis. There is no characteristic symptom of any of these conditions that differs from the conditions when arising from other causes, hence the diagnosis is difficult. The only remarkable thing about these conditions when arising from syphilis is the rapidity of cure under mercury and the iodides.—Gazette des Hopitaux.

Albuminuria.

A large amount of albumin, without blood or pus, may generally be taken to indicate chronic tubal nephritis, and this can be confirmed by a high specific gravity, by microscopic examination, and by the appearance of the patient. A very small trace in an elderly or middle-aged man will probably indicate chronic interstitial nephritis; confirmatory evidence can be found in the aspect, the history, the pulse tension and tracing, the outward displacement of the cardiac impulse, the accentuation of the systolic apical sound, and the accentuation and reduplication of the second sound at the base of the heart. These indications may be further supported in some cases by the pale color and low specific gravity of the urine; less frequently information may be gathered from the presence of casts and from their predominant characteristics. The absence of casts is not, however, to be regarded as an indication that the case is not

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one of chronic interstitial nephritis. In a young man a mere trace of albumin may be the only evidence of a functional albuminuria, and the diagnosis must then rest upon negative evidence to a large extent, one of the most important factors being the relatively high specific gravity, unless this has been influenced by nervousness or by the recent consumption of a large quantity of liquid. With the same limitations the deep color of the urine will lend confirmatory evidence.

There are so many causes for great variations in the condition of the urine that stress cannot be laid upon the amount of albumin without paying due regard to most of the changes which have been touched upon by the writer. After all, albumin is merely an indication of an abnormal condition, it is not a disease. Therefore, as with every other symptom, by itself, it affords no reasonable ground for a diagnosis. Numerous other signs and symptoms must be carefully weighed, perhaps at short intervals, before it is justifiable to express more than a provisional diagnosis.—Tirard, in The London Medical Lancet.

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Professor Dreser (*Berichte der Deutschen Gesell.*, Vol. 37, p. 3076), states: "In the matter of reducing temperature the anilides work better than the phenetides; but even in small doses they develop quite early the undesirable change of oxyhemoglobin into methahemoglobin, which appear as cyanosis. The phenetidin product, substituted with acetyl-salicylic acid (a-s-phen or thermol), proved inactive even in large doses (0.4 grams)"—where there was no temperature.

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PART SECOND treats of the diseases of Bone Joints. It contains 42 plates. Some of the more common diseases of bones, such as Osteomyelitis, Tuberculosis, Sarcoma and Syphilis are illustrated by five or more plates, each showing a different stage or type of the affection. Thoughout, whenever necessary, are general descriptive notes, and at the end of the section on diseases of bones is a chapter on differential diagnosis in which this important subject is treated by the author in a concise and practical manner.

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Chemical Examination of the Blood in Osteomalacia.—Capellani (Ann. di. Ostet. e Gin.) reviews the various theories that have been advanced as to the causation of osteomalacia. He believes that there are not sufficient grounds for believing that an abnormal condition of the ovarian secretion is its cause. The theory is based upon the benefits that are in some cases derived from the removal of the ovaries. This is really due to the general improvement of condition that results from the operation. He undertook the examination of the blood of osteomalacic patients before and after castration, estimating the phosphorus, lime, magnesium, and nitrogen contained in it. The writer finds that the amount of phosphorus contained is within normal limits during pregnancy, even in the active period of the disease, and is increased after the expulsion of the ovum, and the removal of uterus and ovaries while the period of convalescence is beginning. The amount of lime is also increased in the same way, when considered in relation to the normal condition. It is sensibly diminished after hystero-oophorectomy, and during convalescence. Magnesium acts as does calcium. There is no marked variation in nitrogen. The results of ovariotomy are merely indirect.

Acute Pulmonary Edema in Parturient Women.—Laborderie (Jour. des Sci. Med. de Lille) says that acute pulmonary edema is sometimes an accident of pregnancy, often of labor, and still more frequently of delivery, or the period immediately after delivery. Regarding the mode of its production, the author finds that cardio-renal lesions, isolated or associated with one another, are generally the causes of pulmonary edema. There are cases in which this comin which this complication occurs which show no lesions of either the heart or the kidneys. The pathogenesis of these cases, based upon theoretical considerations, cannot be definitely established until further researches have been made. He rejects the theory of Huchard that the condition is due to aortitis or periaortitis, and also that of hyper-activity of the suprarenals. He relates a case observed by himself in which the patient was strong and healthy, and had no bad symptoms during pregnancy, and was a normal labor. At the end of delivery she had a severe attack of dyspnea. Examination of the heart showed nothing abnormal, and not even a trace of albumin appeared in the urine. The following day she was perfectly well. As labor proceeds the pulse becomes more frequent and the arterial tension increases, and when delivery has been accomplished the tension is not at once lowered, on account of the removal from the circulation of the fetal veins and arteries and the placental circulation.

Treatment of Septic Diseases.—Albrecht (Deut. Med. Wochensch) says that in septicemia he has never observed any positive effect from inunctions of Crede's ointment, while its rectal use has proved unreliable. On the other hand, intravenous injection (1 to 2 ccm. of a 10 per cent. suspension) into the median baselic vein of the arm has given a prompt and positive reaction. These injections, when necessary, were repeated during the next twenty-four hours or several times during the following days. Collargol injections gave a prompt effect in 23 cases, comprising 10 of moderate puerperal sepsis, 5 of chronic sepsis, and 8 of severe septicemia after operations. On the other hand, it failed in a number of cases characterized by marked severity, including puerperal sepsis and pyemia (9 cases, with 5 deaths), diffuse acute peritonitis (4 cases), perimetric suppurations (4 cases), and localized suppuration (5 cases). Albrecht concludes that collargol is useless for the internal treatment of severe general bacterial infections and localized suppurations, but manifests a prompt curative effect in severe toxemias with symptoms of general septic infection. The writer considers its early use indicated in puerperal infections, owing to the uncertainty of the early diagnosis as regards the nature and severity of the infection and because of its efficacy in moderately severe cases. The action of collargol, therefore, is not to be considered antibacterial but antitoxic. He also refers to favorable results from its use in cases of cystitis and pyelitis, 5 ccm. of a 2 per cent. suspension being instilled into the renal pelvis twice daily.

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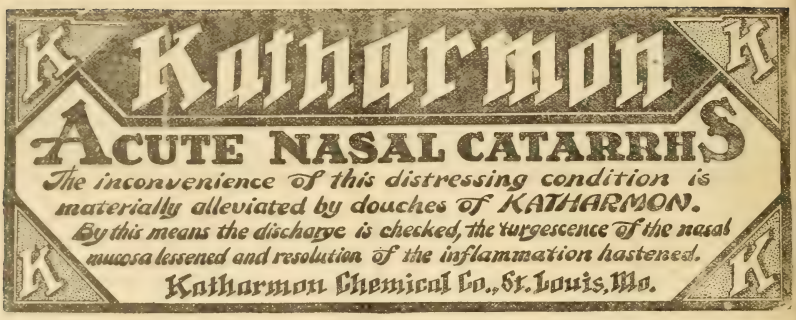
Diagnosis and Treatment of Duodenal Ulcer.

In six cases of duodenal ulcer examined by Max Einhorn, the most constant symptoms were pronounced hyperchlorhydria, pains in from two to three hours after meals —somewhat relieved by taking food—hematemesis or melena, and constipation. Tenderness on pressure was not common. In all there were remissions when the patients felt perfectly well. In ulcer of the stomach the pain comes sooner after eating, and there is more tenderness. An absolute diagnosis can be made when a small bucket on a string is swallowed, and the next morning a blood-stain is found, after removing the string, 58 to 66 Cm. from the teeth. In mild cases it is only necessary to regulate the diet (small meals, no spices, acids, or too greasy foods), and to improve the general condition by means of iron, arsenic, cold sponging, fresh air. Alkalies and olive oil will often do good service. Severer cases should receive the same careful treatment as ulcer of the stomach.—Deutsch. med. Woch.

ARecent Case of Typhoid Spine.

Arlson reports the case of a man of 28 years who went through a typhoid course and who three months later was seized with severe pain in the back. The pain returned three days later, and during subsequent days he suffered from pain in the back in getting out of bed each morning, the pain wearing off after exercise. The condition grew steadily worse, and he was finally readmitted to hospital. In the next two weeks there were two periods of high fever. In three months the pain had practically ceased, but there was a marked rigidity over the dorsi-lumbar spine, pain on jarring the spine, and deep tenderness over the transverse processes of the first and second vertebræ. A radiograph showed much thinning of the intervertebral disk, with signs of necrosis in the vertebræ and many osteophytes around them. There was a marked Widal reaction. He eventually recovered completely. The author describes the general symptomatology of the typhoid spine, and says the conditions can be explained only by the invasion of the spinal tissues by the typhoid bacillus. The chief symptoms—pain and rigidity—must be due to acute inflammation of the periosteum and spinal ligaments, hence the name perispondylitis. In other instances there may be also an osteomyelitis of the vertebral bodies, sometimes causing a permanent hyphosis. —The London Medical Lancet.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Myomata in Pregnancy.—Schauta's (Weiner med. Wochensch) investigations are based upon the immense number of 111,112 cases. According to the statistics of the First Gynecological Clinic, of Vienna, pregnancy is complicated by myoma in the proportion of 7 to 10,000. These cases were found to occur particularly in primiparæ, of which a comparatively large number were of middle age. In almost 60 per cent. of cases of advanced pregnancy delivery occurred spontaneously, and it was found necessary to intervene for obstruction due to the tumor in only two instances. Placenta previa occurred more frequently in women with myoma than others. The apparently rapid growth of the noplasm during pregnacy is partly due to an edema and partly to a change in form. As regards treatment, the author recommends that in cases in which the myoma is situated above the internal os an expectant plan should be pursued, while even deeper-seated tumors may become disengaged from the pelvis, owing to retraction of the uterus during delivery. If spontaneous reduction, however, fuils to occur, an effort at re-position may be made by way of the vagina or rectum. More rarely re-position may be effected through the open abdominal cavity. Mechanical efforts at delivery in case of obstructive labor from myoma should be avoided, and Cesarean section alone should be considered a *dernier ressort*. It may, however, be necessary in protracted labors in older primiparæ. The operations indicated in labor by myoma comprise vaginal or abdomnial enucleation and delivery per vaginum, secondary Cesarean section followed by supravaginal amputation, or total extirpation of the uterus.

Post-Operative Duodenal Ileus.—Weinbrenner (Muench. med. Wochensch.) states sthe result of his studies, that the etiology of this condition has not been sufficiently elucidated, and that the view that the occlusion is secondary and a sequel of acute gastric dilation is unsatisfactory. Strangulation, in the writer's opinion, may be of primary origin and due to mechanical factors, such as traction on the mesentery, and particularly to tamponade and adhesions. The symptoms may resemble a violent peritonitis and thus render diagnosis difficult. The presence of persistent bilious post-operative vomiting points in favor of duodenal ileus. As regards treatment, operation should be resorted to only in cases of doubtful diagnosis and in the failure of other measures. The most efficient method is to place the patient upon his abdomen, as first suggested by Schnitzler, or in the knee-elbow position. In this posture the traction and weight of the small intestines and stomach become so modified that the mesentery is relaxed and the duodenum thereby relieved of the cause of obstruction. Slight adhesions drawing upon the mesentery are also thus loosened or relaxed. The same posture may prove of value in other forms of post-operative ileus, and should be tried before resorting to a second laparotomy.

The Richmond, Va., Academy of Medicine and Surgery held a regular meeting on Tuesday, November 9th, at 8:30 p. m. The programme included two papers, one by Dr. Charles R. Robins, on Repair of Recent Laceratiou of the Perinæum, and the other by Dr. St. George T. Grinnan on Infant Mortality.

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The Relation Between Hookworms, Neuraesthenia and Morphinism.*

By S. M. Crowell, M. D., Charlotte, N. C., Proprietor The Crowell Sanatorium.

It might seem out of place for the proprietor of an institution for the treatment of Alcoholic, Drug and Nervous Diseases to write about Hookworms, or "Rockefellerism," but that million dollar donation (of Mr. Rockefeller's) is likely to make any of us tell anything we might know about those little "animals" of the lower alimentary canal which have been "outlawed" recently by John D. Rockefeller.

During the several years that I have been conducting a Sanatorium for the treatment of Inebriety and Nervous Diseases, occasionally I have treated a case for either the whiskey or opium addictions or some form of so-called primary nervous trouble, with the most unsatisfactory results.

For the lack of satisfactory results in certain cases treated I have been unable to understand the reason until recently, when some close study and research have revealed to my mind some tangible factors which explain the above unsatisfactory results, and later shall attempt to verify this statement by reporting one or more cases coming under my observation.

In reading the various textbooks on Nervous and Mental Diseases, I have been unable to find a single author who refers to intestinal parasitic infection as an etiologic factor in the production of neuræsthenia—not even the "explorer" Dr. Stiles in his various papers.

Of course it would be absurd for a modern physician to be unable to diagnose between a typical case of hookworm disease and an ordinary neuræsthenic state, but I have had referred to me a number of cases diagnosed, "Neuræsthenia," "Hysteria," "General Breakdowns," etc., which have proven to be due to the intestinal parasites, hookworms. In fact, Dr. Wm. Allan, Bacteriologist North Carolina Medical College, Charlotte, N. C., says that many intestinal parasites, including the amœbic coli, will produce the symptoms usually attributed to neuræsthenia, but my personal experience has been confined to the hookworms along this line of research.

In a recent paper by Dr. Allan of Charlotte, he says: "No one would think of a history of ground itch, anæmia, eosinophilia, constipation with clay stools, and muscular weakness as meaning anything but uncinariasis." * * *

But, we see cases of hookworm disease in which there is no history of ground itch, with hæmoglobin above eighty-five and with regular and normal bowel movements."

Often these cases of atypical hookworm infection are sent to the Neurologist with a hypothetical diagnosis of a "Run-down Constitution," Hysteria, Paranoia, Neuræsthenia, Masturbation, or perhaps "Bilious indigestion," after having gone the rounds of home physicians for several years, and taken everything from Bromidia to the laity's inevitable panacea for all ills, "Peruna."

In my opinion many of these cases of unrecognized hookworms, after having gone the rounds of physicians and failing to get relief, in order to allay their harrassed nerves or neuræsthenic state, resort to alcohol and opium, and thus become a slave, honestly, to either the one or the other of these narcotics, and I now feel most positive that I treated a number of these cases in my institution without recognizing the underlying trouble, unfortunately for the patient.

The cases all have typical symptoms of neuræsthenia, being so very introspective that their lives are most miserable, are superstitious, and have great fear of impending "dissolution," speaking only of their health, regardless of circumstances.

Perhaps I can best narrate my conception of the relation of the component parts of my subject by reporting a case which was sent me by a physician of lower South Carolina last July, the patient having consulted every physician in that section of the country before coming to me (never getting any appreciable results) and after having failed to get his patient in the State Asylum at Columbia, his last doctor advised him to come to my Sanatorium to be treated for a "general broken-down physical and mental condition," superinduced by a recent attack of measles.

At this point I will mention also that this patient had become a chronic drug taker, taking any sedative or narcotic that he could lay his hands on in addition to using his many physicians' sedative prescriptions, and all that saved him from being a morphine habitue was his inaccessibility to the drug, for he had already become "charmed" by its insidious effects, not being able to

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discard his favorite "sedative" upon reaching my Sanatorium.

The Case: Was John D. — white, male, aet. 20. Native of the southern part of South Carolina, in the "sand region," four miles from the Georgia State line; was referred to me July 20th, 1909, by Dr. "Blank" as per above ("A general breakdown," etc., *). Was a farmer's son who had lived the typical life of a rural lad, having gone "bare-footed" most all his life.

Family History.—This showed some nerve instability. Father had been a hard drinker while young. Two older brothers dead. Several younger brothers and sisters, the patient says, seem to be developing a condition similar to his.

Past History.—Was always a "puny, lazy, little runt of a kid," to use the language of his father who accompanied him. Had "ground" or "toe" itch off and on from ten to eighteen years of age. For the past five or six years has been treated for "Nervous indigestion," Masturbation, Hysteria, etc., and, at last, was pronounced mentally "unbalanced" and an attempt was made to incarcerate him in an insane asylum for protection, but for cause unknown, and most fortunate for the patient, this procedure failed.

About three or four months ago had measles, followed by an aggravation of all nervous and digestive symptoms. Feels cold and numb. Remarks about his skin turning "dark" during the past several months and that it feels rough like fish scales. Has a morbid appetite and poor digestion.

On going to bed at night, becomes most nervous and feels something was pressing on chest—would often cry aloud like a small child. (In fact, almost broke down when he first entered my office). Would often leave his bed at night to get in with his parents, being afraid to sleep alone. At night, says eyes stare and jerk from side to side.

Almost every night had seminal emissions while asleep, never sleeping soundly (sometimes had dreams but again not). Talks in a very loud and excited voice and practically only about his health. Smoked and chewed excessively.

Physical Examination.—Skin was a peculiar greasy, muddy yellow—a typical "greasy" brick dust color. Reflexes were all very much exaggerated, in fact, so much so that for a day or two the patella reflex seemed abolished. On protruding his tongue, his face assumed that expression often seen in Paresis—one of extreme effort.

Blood Examination.—Hæmoglobin, seventy; eosinophiles, six per cent. (I was aided in this blood and fecal examination by Dr. Wm. Allan of Charlotte, to whom I am indebted for this special data).

Urine.—Practically normal.

Feces.—Light yellow, pasty and full of hookworm eggs of the American variety.

On July 23rd I gave the patient the usual salts and Thymol course, which resulted in a "catch" of one hundred and fifty-five worms of various sizes during the afternoon.

On July 30th, microscopical examination of feces showed a few remaining eggs, and August the first the salts and Thymol treatment was repeated, resulting in the "capture" of one dozen more hookworms.

Microscopical examination of feces on August 8th and 16th respectively showed no eggs, hence another course of Thymol was not administered.

The patient remained in the Sanatorium four weeks and called at my office two more weeks, and during this time, in addition to the thymol and epsom salts, was given a simple bitter tonic, iron, tub baths, static electricity and massage, and sufficient exercise and diversion to help keep his mind off of self, and a *good, generous* diet, with the result that he left behind one hundred and sixty-seven "checked up" hookworms and many eggs; gained about eighteen pounds of flesh; regained appetite, ability to sleep, the "nerve vigor" of a rural lad; his normal color practically restored, and Sept. 10th, 1909, returned to his "Palmetto home" in possession of all his nervous and mental faculties, happy that a close examination and a few grains of epsom salts and thymol came between him and the grim walls of a lunatic asylum.

In conclusion, I wish to reiterate that hookworms—(as well as other intestinal parasites)—are often the cause of a train of symptoms usually called cerebral and spinal neuraesthenia and which is treated symptomatically, the true etiologic factor not being recognized, and that, in seeking relief, the patient often becomes addicted to alcohol, morphine, and other narcotics, morphinism being the most frequent.

Resume.—Before one is treated for a simple or so-called *primary* neuraesthenia, and especially in the hookworm "territory," it is very poor practice, to say the least, not to make a hæmoglobin estimation, an eosinophilic count and a microscopic examination of the feces, for a few grains of thymol *might* save the patient much suffering and maltreatment, and the doctor much abuse, for thymol is inexpensive, yet its effect upon the hookworm can be well comprehended

from the lines by Longfellow where they say:

"And the cares that infest the day,
Shall fold their tents, like the Arabs,
And as silently steal away."

The Value of the Double Catheterizing Cystoscope, in Renal and Vesical Diagnosis.*

By Dr. R. L. Payne, Jr., Norfolk, Va., Assistant Gynecologist to St. Vincent's Hospital.

The crying need today for the successful treatment of bladder and renal disease is a greater exactitude in diagnosis. Correct diagnosis is our one great stumbling block in urinary diseases, and it is also our main rock upon which to rely for a successful combat against the many obscure conditions met with in the bladder, ureters and kidneys.

No matter what the mutations of pathology or the ever present new methods of therapy, diagnosis stands at the same place, ever firm and insistent on its exact interpretations for an intelligent and skilful warfare against disease. Failure in diagnosis renders the most artful treatment and the loftiest theories worthless, and for that reason it must be exact, definite, comprehensive and complete.

To fill this bill I beg to call to your attention the catheterizing cystoscope, an instrument of very recent years, and one which has broadened to an almost unassailable point the diagnosis of vesical and renal pathology. Who of us today would rely on recognizing a vesical calculus by the aid of a metal searcher when the entire bladder can be inspected easily by the aid of the cystoscope; 'tis true, that, given a clean loose stone in the bladder nothing is easier than to elicit the familiar click, but how often do we find these favorable conditions for diagnosis? One authority states that the click of a vesical calculus against a steel searcher can be elicited in only about ten per cent. of the cases, whereas, in the other 90 per cent. we have a soft stone, a stone covered with mucus, an encysted or suspended stone, a small, irritable, contracted bladder in which the searcher cannot be used, or a stone lying in a saculation.

All of these conditions preclude our arriving at a definite diagnosis except through an exploratory incision or, by what is now the greatest achievement in urinary diagnosis, the cystoscope. The instrument is one simple in its manipulation, its use easily within reach of every gentlemen present who will exercise a little patience and practice, and the writer knows of no agent which has proven quite so useful in clearing up obscure conditions relating to the kidneys, ureters and bladder.

Taking up the bladder first, we are able to determine in the male the presence of stone or foreign bodies, the enlargement of the prostate, and particularly the presence of a third lobe, together with the shape and size of the lateral lobes, thereby aiding materially in deciding upon whether the surgical procedure shall be a supra-pubic or a perineal incision.

In the female the instrument is invaluable to the gynecologist, for there are often protuberances, sacculations and recesses which can only be seen by the cystoscope. Changes in the position of the uterus, tumors of the uterus as well as the fetal head all change the shape of the female bladder. By careful inspection of the bladders of the many women who complain of painful urination we have been able to determine that the cystitis is generally confined to the trigone, thereby permitting direct local treatment and greatly facilitating a speedy relief. Foreign bodies introduced for abortion or to produce sexual excitement, instruments and ligatures which have been left behind and have ulcerated into the bladder and calculi may be seen with the cystoscope. The size, shape, position and often composition of calculi may be ascertained.

In the diagnosis of vesical tumors are we especially dependent on the cystoscope. Casper states that tumors of the bladder are not rare, but constitute about three per cent. of the diseases of all of the urinary organs. The male bladder is most frequently affected by new growths, only twenty-five per cent. of vesical tumors occurring in the female.

The papillomata are by far the most commonly seen and according to Casper constitute 98 per cent. of the benign growths. This type is readily diagnosed by its typical papillary appearance. While the papilloma often undergoes a cancerous transformation, still the unmixed carcinoma is the most common variety of malignant growths found in the bladder. Upon inspection with the cystoscope, if we see a tumor which is smooth in contour, bleeds continuously and is surrounded by a zone of œdematous mucous membrane our suspicions should at once point to cancer, for these signs are strong evidence of circulatory disturbance from malignant infiltration of the vesical wall.

Before dismissing the bladder from consideration I wish to refer to the value of the cystoscope in locating the size and position of fistulus openings in the bladder. As an example, I once had a case of urinary fistula

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which showed itself by a small opening in the mid-line of the abdomen just below the navel. On inspection the bladder was perfectly normal with no sign of a fistulus opening. The ureteral catheters were then brought into use and on the right side the catheter passed freely up to the kidney with the escape of clear urine, while on the left side the catheter stopped about one inch from the ureteral orifice and no urine could be obtained from this side. That the condition was one of fistula of the left ureter was at once apparent. This conclusion could have been attained only by the use of the cystoscope and ureteral catheters and thus were we able to prevent the mistake of opening the bladder or making an incision for the exposure of the right ureter.

The most recent improvement in the cystoscopes of today provide for the carrying into the bladder of one or two ureteral catheters and ureteral catheterization has opened up almost unlimited possibilities in the diagnosis of ureteral and renal disease. The catheters were originally designed for the segregation of the urine directly from each kidney, but advances in this line of work have considerably broadened their field of usefulness.

The drawing of the urine separately from each kidney is of such important diagnostic value that I hardly need mention the great help afforded in the interpretation of obscure complaints. While the microscope, and often the naked eye, will show the presence of pus and blood in urine, still we must rely solely on the ureteral catheter to tell us from which kidney or ureter these elements are derived.

By the aid of the catheters we are able to diagnose and locate a ureteral stricture or obstruction and in a large percentage of ureteral calculi the presence and location of the stone may be determined. In the presence of stone in the ureter or pelvis of the kidney the ureteral catheter will often disclose the same by a peculiar tactile sensation transmitted to the operator or by the presence of scratches or marks on the tip of the catheter which has previously been covered with wax. While the wax tipped catheter has been advocated by some few operators, still its usefulness is not very practicable, for the markings are often very slight and unless one is exceedingly careful he will produce similar scratches by contact with the cystoscope and thus be misled in his conclusions.

Some times the catheter will pass a ureteral calculus without giving any sign of its presence, and in such a case we would then resort to the introduction of both catheters, which have been previously armed with steel or copper wire stylets. The patient is then turned over to the X-Ray photographer, who will readily determine the presence of stone, and particularly its location, from comparison with the shadows made by the wire stylets. This is a very important aid in determining the presence of stone, for a ureteral calculus will lie in close apposition to the shadow of the wire stylet, while a phlebolith or calcareous gland will be an inch or so distant. Lewis has reported several cases in which the X-Ray showed two or more stones and when a second picture was made, after the introduction of the metal wires, one of the so-called stones was in close apposition to the course of the ureter and the others several inches away.

In certain pathological conditions of the kidney we have a very efficient method of determining the functional capacity of the organs by the use of the ureteral catheters. A solution of indigo-carmine is injected hypodermatically and then both ureters catheterized and the urines segregated. From a normal kidney the coloring matter will show up in seven to twelve minutes while from a diseased organ, as from tuberculosis or malignancy, the indigo will be delayed in its appearance and thus indicate by comparison the amount of disease present. For instance, a delay in the appearance of the coloring matter for, say, thirty minutes would indicate that over half the organ was diseased and that nephrectomy should be the operation of choice. This test is also carried out by the injection of a solution of phloridzin and then testing the urines every few minutes to determine at what moment the sugar appears.

Another and very practicable method of determining whether the renal pelvis is dilated and whether the renal parenchyma is correspondingly destroyed, is by distention, through the catheters of the renal pelvis. Braasch and others have done some excellent work along this line. Anything which will cause an obstruction below the renal pelvis will produce a surgical dilatation, and this may be measured by the injection of a fluid through the ureteral catheters into the pelvis of the kidney.

The normal pelvis will hold from eight to twelve c.c. and the point of distention may be recognized by the occurrence of typical renal colic. This pain is very severe if over-distention is produced and occasionally we see a symptomatic pain which can be differentiated by the production of this artificial colic. As an example, the pain of sub-acute appendicitis may be confused with the pain of a floating kidney, whereas, the coincident increase in the renal pelvis would permit our recognizing the condition through pelvic distention.

In comparison with the X-Ray, the cysto-

scope and ureteral catheters are often of more practicable value and while I think the two agents should often be combined in our armamentarium for diagnosis, still if forced to a choice I would rely on the findings of the catheterizing cystoscope. In radiography the points of confusion are many. Often the composition of the stone will permit the passage of the ray, while again a fat belly, a stone embedded in fat, a soft stone or one obscured by the iliac artery will all prevent a clear interpretation; on the other hand, phleboliths, glands or calcareous deposits will produce shadows and thus indicate the presence of a stone which does not exist. In such cases a complete study with the cystoscope and catheters should give us definite and comprehensive information.

Finally, I would be guilty of omission if I failed to give credit to the catheterizing cystoscope for the valuable information it affords in those cases presenting illusory symptoms. I refer to those cases which present symptoms that are misleading and simulate other conditions; those cases which have secondary involvements that overshadow the primary focus and those very obscure conditions where reflex nervous phenomena are so pronounced. The reversed localization of a symptomatic pain from the diseased kidney to the healthy organ of the opposite side is now a condition which has been recognized so many times that the more careful diagnosticians of today are continually on the watch and in these cases we find the cystoscope and catheters of inestimable value.

300 Freemason St.

Puerperal Eclampsia.

By Dr. J. A. Reagan, Weaverville, N. C.

This disease has been studied by the medical profession, perhaps as much or more than any other disease of women that does not occur more frequently. The best estimate puts it at one case in five hundred of child bearing; but has its cause, etiology, and treatment been as well understood and as satisfactorily settled as other diseases of the female? I must confess that after examining many authors, from England, Germany, France, and of our own country, I have concluded that many of them darken council by a multitude of words. Our best authors confess that the cause is not well understood, but attribute it to the kidneys with a reflexmatory action on the nervous system, hence the impression on the brain. Dr. Lovesh says "The immediate causes of puerperal eclampsia are after all very obscure." Dr. Marshall Hall says that "No injury to the cerebrum or cerebellum can cause it so long as the true spinal system is not involved." Dr. T. Smith is of the same opinion. Others say pressure that is excited on the madella oblongata by congestion is the cause, while some others contend it is caused by loss of blood. Again, others contend that it is unusual emotion, caused by the dread of child bearing. Then again that it is caused by the irritation of the incident spinal nerves of the uterus—that irritation of excitor nerves within the cranium—incident spinal nerves of the bladder. Irritation of the gastric and intestinal branches of the pneumogastric nerves.

I have given these different opinions of some distinguished and learned men of our noble and honored profession, to show how unsettled is the opinion on this peculiar and distressing disease. I have thought that many learned men when they *stall* do not want people to think they are ignorant, as to the cause of any disease, hence they, instead of saying I must confess I do not know, use some word that gives their opinion by *guess*, and let it pass. But as I am getting old and have not much reason to fear, I will confess I do not know the cause, but I do not believe any one thoroughly understands exactly the cause, or that the same cause produces it in all women, who unfortunately have to suffer in that way. It is known that in most cases, if not in all cases of this distressing disease, that there is albumin in the urine which varies in quantity, and in some there is a large quantity of albumin and no eclampsia. I have found it in a number of cases where there was no sign of eclampsia. But suppose albumin produces it, what causes the albumin? One question is about as hard to answer as the other. Hence my opinion is that it is caused by some unaccountable effect on the kidneys which acts in some peculiar way on the nervous system which produces eclampsia. Its etiology is also vailed in mystery, as there have been postmortem examinations which have shown no cause, or given any light on the subject, or revealed any light by examining the brain, which has shown no material effect in any way. Consequently the treatment must necessarily vary, as the supposed causes vary. Each physician treating the case as he diagnoses the cause. Opium and its alkaloids is, perhaps, more frequently used than any other remedy, yet I have never used a dose of it or its alkaloids in any case of this disease. In a regular and extensive practice of over fifty-five years I have had six of my own cases, and been called, by another physician, to two other cases to assist him, yet in all those cases, all lived, and did well, most of them still living and well.

Most of these were women with their first child, but have all had children since, and had no trouble. One, however, was with her twelfth child; another had born three before with no eclampsia, and has had children since without any symptoms of the disease.

But suppose we do not know the cause, is opium indicated? Face dark and from all appearance the blood wants oxygen, while close investigation by Burch and Bower has shown that the elimination of carbolic acid is decreased when narcotic quietude is produced. It has also been established "that the circulatory phenomena is a slight acceleration of pulse rate" which carries badly oxidized blood rapidly through the system, and cannot have a beneficial effect, in my judgment. As I said, I have had some very bad cases, in my own, and in the practice of others when called to assist them. My treatment has always been if the patient is full of blood I bleed her. Apply cold to the head, and warmth to the feet. If necessary have her inhale chloroform. Empty her bowels by enema and draw her water with catheter. If necessary to use any other medicine I give a dose of veratrum viride. I deliver her as soon as I can safely. Use the obstetrical forceps, if she has not already had her child. I have never lost a case of puerperal eclampsia. I am always careful to have my hands and forceps well washed with soap and warm woter. Cleanliness is my greatest antiseptic. There is much said about the shape of the woman, as being predisposed to eclampsia, I have not found it so in my practice. I have had long necked, slim women to have eclampsia, and short necked, fleshy women, and I cannot tell as shape makes any difference. Again, it is said women of a dropsical tendency are more subject to the disease than others. It has not been so in my practice.

I have delivered many women whose legs were badly swollen, who had no symptoms of eclampsia, and others who had no swelling that had a severe attack, hence I conclude that we will have to "judge *not* according to the appearance, but judge righteous judgment." As I said, I have never used opium in those cases, or anything that had opium in it, nor do I think it advisable. As a rule the patient is already in more or less stupor, the mind more or less affected, and narcotics only add fuel to the fire to stop the blaze. My mind will have to undergo a change if I ever advise, or use opium, or any of its preparations in a case of puerperal eclampsia. Others can do as they think best; I saw one woman after she was dead, that the doctor had given opium or morphia, as he said. This is the only woman I ever saw that died of that disease.

Diseases of the Eye in Pellagra.*

By A. B. Clarke, M. D.

In diseases of the Eye in Pellagra, I find no differences in the symptomalology, characteristic, appearances nor complications, save only they are very prone to exhibit the same cycle, as it were, a recrudence in early spring time, and as summer progresses, make recovery.

My observations and findings have been primarily upon the rice field negro, who has been inured to hardships, poorly educated and poorly nourished, seldom able to read, and when he has visual disturbances, attributes it to local conditions. My patients have invariably given the history of damp meal, grits in lumps in bags, which have been wet, carrying home in cotton sacks, during the winter months while raining, buying week's supply and leaving in the sack openly exposed to vermin and dew, many times sours and eating sour cornbread.

My attention was first directed to this disease in 1906. The patient gave me history of rheumatic pains, generally malaise sensation of heat esophagus and in the regions of the kidneys, radiating to the hands and feet, noticeably the palms and soles. One child has spastic paralysis. All complain of vertigo, neuralgic pains in the posterior aspect of the neck. The dursum of hands and feet they said were "sun-burnt", skin swollen tense, burn and itch, severe stomatistis petallar reflexes exaggerated and insomnia anorexia and erythema with petechisa, occurring at times. Also small small oval blisters, even bullae, which upon breaking down leave indolent ulcers. The chief physic symptoms delusions, apathy, melancholy, disoranentation with symptoms of dementia praecox. In two of my cases between the fingers cracked extending to matacarpal bones and exposing ligaments. The tongue and mouth red, flamed and sore; gums swollen at times, and present appearance of salivation. Lips swell and they appear almost scarlet, crack and become denuded? The tongue has presented three varieties to me: heavily coated with dark streak in the centre, notched around the edge and very red. Again, smooth and denuded of epithuliam, and in another instance, slack with deep fissures. Have never seen any change in the hair and nails of my patients. All give digestive disturbances and lack of appetite. As the disease

*Read be ore recent meeting of the National Pellvgra Conference held in Columbia, S. C.

progress, the mental disturbances increase from extreme dull apothetic conditions, slow in speech, listlessly tired and ennui melancholy, and dread of persecution, even suicidal tendencies, have been exhibited. Some of these patients have informed me that these conditions have crept upon them insiduously, gradually becoming more severe each spring and summer. Three of these patients have since died. Many of them complain of pains in the eyes,—one of the diplopia and others of various symptoms. I examined more carefully and present the following cases:

I. Man, 42, negro. Had been working timber and living upon a diet of grits and corn-meal mush, crackers and cheese, all of which he stated had become moulded and soured, as he had no place to keep them. He was suffering from ectropian, both eyes with slight conjunctivities. Had marked pellagra symptoms. Iris was dilated. Very little photophobia, cornea aqueous lens clear, viterous slightly hazy, cheroid showing marks and scars of atrophy. Dark pigmented areas the nerve head was oval suggesting myopic conditions. Arteries pale, veins thick and heavy. The other eye was normal, consensual reaction from left to right but not from right to left. I made several further attempts for examination, but patient was in cachectic condition and refused, dying in seven days after last attempt to review fundas.

II. Child, 6½ years, boy, negro: epiphora both eyes, marked pellagra patient, talked incoherently all the time, had 3-5 degrees fever (axilla). History, positive mouth, tongue and nares raw. Mother stated that child's eyes became sore every spring, which suggested vernal catarrh. Examined for it, but was not present. Had marked conjunctivities with small granulation, which resisted all treatment, cornea aqueous lens viterous clear. Opthalmoscopocic findings: Fundas dark black spot similar to retinitis pigmentos, only limited to about 4 mm around nerve head and involving macula regions. There was no evidence of choroditis, nor were these dark areas in any other part of the fundas. Mother stated that child's eyes had been sore in the spring time for three or four years, when his hands and feet became sun-burnt. His vision had become worse this time. (From this child I recovered uncinarias) upon two occasions. Child's hands, feet, arms, legs and nape of neck in horrible condition, extremely emaciated. Died in five days after my seeing him. They refused P. M., nor would they allow me to remove one of its eyes.

III. Man, 36 years, negro. History: Working in swamp, making shingles, living on grits and condensed milk, he termed it "STIR-MUSH". Would make enough at night to do the next day. Sometimes it would sour in the pot, he said, but if boiled over it was fit to eat. It had given him indigestion, he stated. Both hands, arms and legs presented distinct line of demarcation with round ulcers, some confluent irregular edges oedema. Patient was painfully emaciated, complained of pains in the eye with burning sensation and failing vision. Upon examination I found fundas visible and appeared normal; optic nerve pale, almost white, beginning nerve atrophy. Patient was to return in 14 days, but was unable to do so, dying in 19 days after last visit.

IV. Girl, 17, negress. Anemic enlarged glans, cervical and epitrechlear for three years, hands and feet, arms and legs had become denuded. Was now raw with fetic ulcers on one leg almost to knee. Right eye cornea, hazy with small ulcers, iris irregularly dilated posterior synechia, aqueous hazy viterous muddy, fundal lesion large hemorrhage to temporal size. Patient stated she was not aware that she was blind in that eye. Had floating bodies. Was unable to get any detail of fundas. Left eye normal. In inner canthus of both eyes small papilla, which exuded watery substance upon being punctured. Patient came regularly for four weeks, becoming rapidly worse, excessive diarrhœa and became almost unmanageable, refusing to eat. Died in 11 days after last week.

V. Woman, 42, negress: Second year had sun-burnt hands with sore mouth, vertigo, had lost considerable flesh and had grown melancholy with hallucinations. Iritis in right eye three weeks. History of damp grits,—bought them because they were cheap, damaged meal. Upon examination, hands and feet desquating in layers, shelling off, leaving shiny tense beneath, and in places raw bleeding surface. Lips Lips and tongue denuded. Suffered from insomnia and had no memory. Opthalmoscope gave no fuudal lesions. Patient recovering.

VI. Woman, 26, negress: First year mouth became sore and denuded, bright red in appearance, distinct erythema; complained of pains in the eyes, smarting, burning. Patient came every other day for two weeks, and each morning had a film of bluish tint, oval cornea of both eyes. At the end of six weeks she stated that her eyes gave her no further trouble. Physical condition improved; mental, slowly making progress. Opthalmoscopic shows nerve head normal, arteries very small, veins enlarged, small hemorrhages in veins to nasal size in physiological cup. This patient gave positive history when and where she obtained the damaged meal.

In presenting these histories, I have refrained from repetition as much as possible, also from citing pellagra symptoms. The class of persons whom I find are suffering are they who lack nitrogenous food. Many exist upon rice, grits and potatoes, and a little cheap poor grade pork termed "Second" or "Butts". They need meat, red meat and a variety of vegetables. In Four out of Seven cases that I examined, found uncinaria in all anemia the treatment has been supporting and neutritious. Tonics in increasing doses of tincture Cl Fe up to .30 mm TID. Fowler's solution to point of tolerance as high as 24 mm Tid. Cod Liver Oil, Eggs, bevinine Pepto magnesia (Gude) Acetate of lead and opium for diarrhœa. Phosphoric acid and fish diet, also oat meal. Strychnine, nux vomica, Tr. milk in abundance. I find local applications of practically no value. These cases are from the extreme rural districts, hygenic conditions very poor. Mentally from educational standpoint, nil, not one gave leutic history, all gave malaria. In one family, mother had chronic condition, son acute, both died. I have been informed that many negroes bought damaged meal which had been recovered from a flat, it having sunken. Some of the negroes became sick, had vertigo, abdominal pains and intense gastric disturbances. From my observation, I am of the opinion pellagra is a tropho neurotic condition, involving the entire sympathetic system not an autointoxication, but secondary to the ingestion of a fungi or ferment which causes katabolic metamorphosis.

Hirschsprung's Disease.—Wilkie, in The Edin. Med. Jour., records five cases of this condition which is known also as idiopathic dilation of the colon. As to its causation he suggests a modification of the anatomical theory. Acknowledging that the anatomical structure of the pelvic colon in newborn infants and young children does predispose it to kinking with obstruction, and that this anatomical factor does play a considerable part in the causation of many cases, he holds that a primary overdistention of the pelvic colon with meconium is an important cause. If overdistention has taken place at or before birth the pelvic colon may have the same trouble in emptying itself as an overdistended bladder does. The primary overdistention results in hypertrophy of the bowel wall and also in further distention. The relation which the hypertrophy bears to the dilatation determines the fate of the case. Where the hypertrophy fails to keep pace with the dilatation, we get early obstructive symptoms with distention and frequently death from toxemia in infancy or early childhood. Where the hypertrophy is sufficient to compensate for the dilatation the child may reach adult life, suffering only from a slightly swollen abdomen and a certain degree of constipation. Adult life being reached, compensation does not usually fail till the degenerative changes of old age begin to set in; then, from fibrous changes occurring in the hypertrophied wall, compensation fails, the bowel dilates further, and leads to the well-known symptoms. In support of this, it is worthy of note that it is extremely rare to meet with a case appearing for treatment between the ages of twenty-two and forty, although numerous cases have been reported where the patient was over fifty years of age.

Bromalbin in Epilepsy.

The defects of the inorganic bromides in the treatment of epilepsy and other convulsive disorders have long been recognized by medical practitioners. While the bromides have been extensively prescribed—because nothing better had been devised to take their place—their proneness to derange the stomach and to produce systemic disturbances has militated against their usefulness.

The "something better" appears now to be at hand. Reference is made to Bromalbin, an organic compound in which bromine is chemically combined with albumen. Bromalbin contains approximately 15 per cent. of bromine. It is in the form of a light-yellow powder, and is odorless and practically tasteless. It is insoluble in water, alcohol, acids and the ordinary solvents, but is slowly soluble in alkaline solutions.

Bromalbin was evolved in the chemical laboratories of Parke, Davis & Co. Before being offered to the medical profession at large it was subjected to thorough clinical test by leading practitioners throughout the country in a large number of cases in which bromine medication was indicated. Reports of its use in the treatment of epilepsy were highly encouraging, and the belief is expressed that it will prove equally efficacious in hysteria, neurasthenia, reflex headache, insomnia, migraine, and other nervous affections.

The chief advantage of Bromalbin over the inorganic bromides appears to be in its adaptation to long-continued treatment. It passes through the stomach practically unchanged, consequently does not produce the gastric irritation common to the alkaline bromides. Slowly dissolving in the intestinal secretions, it is then absorbed, producing a gentle, prolonged systemic effect. Other advantages are: its more complete absorption, its comparative tastelessness, and the small likelihood that it will produce acne, dizziness, or other symptoms of bromism. It is marketed in powder form (ounce vials) and may be given in water, coffee, chocolate, syrups, wines or any beverage not alkaline in character. It is also supplied in 5-grain capsules (bottles of 100), in which form, perhaps, it is likely to be most commonly used. There is wide need of a sedative such as Bromalbin promises to be, and fuller reports on the new agent will be awaited with interest by the profession.

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EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA MEETS IN TWELFTH ANNUAL SESSION IN RICHMOND, VA., FEBRUARY 15, 16, 17, 1910.

The twelfth annual session of the Tri-State Medical Association of the Carolinas and Virginia will convene in the auditorium of the Hotel Jefferson at Richmond, Va., at 10 a. m. on February 15th, 1910, under the presidency of Dr. LeGrand Guerry of Columbia, S. C., with Dr. J. Howell Way of Waynesville, N. C., as Secretary-Treasurer. The various railways have granted reduced fares on the "Certificate plan," active officers have secured a number of splendid papers from many leading medical men, a local committee of arrangements, inspired with the idea of making this session of the Tri-State eclipse all previous meetings in both scientific and social attractions, and an enthusiastic Richmond profession, all working together harmoniously and for a common purpose, will undoubtedly make the meeting one no medical gentleman of the constituent States can well afford to miss if within the limits of his professional cable tow.

We are advised that in the arranging of the final programme the wish of the Richmond Committee that "we have three days of work with papers and discusions, with three evenings for play" will be complied with.

Both socially and professionally the city of Richmond is very attractive, and with a fine programme of well-selected papers, clinics at the various hospitals, dinners, luncheons, receptions, automobile trips to places of note about this historic city,—all these combined will suffice to render this meeting one of unusual enticement as well as pleasure and instruction.

Below is a list of the papers listed with the Secretary to January 20, 1910. The final program will be issued about Feb. 1st and it is requested that the titles of all additional papers be in the hands of the Secretary by that date to insure publication in the final program.

Call to order by Dr. Joseph A. White, Richmond, Va.

Address of welcome by Gov. William Hodges Mann of Virginia.

Response by Dr. Hubert Asheley Royster, Raleigh, N. C.

The President's Address: "Some of the Things the Profession can do in Regard to Cancer." Dr. LeGrand Guerry, Columbia, S. C.

"Cancer Education." Dr. Southgate Leigh, Norfolk, Va.

"The Layman's Medical Ignorance is the Doctors' Burden." Dr. Lucien Loften, Emporia, Va.

"The Relations Existing Between the General Practitioner and the Surgeon." Dr. J. F. Highsmith, Fayetteville, N. C.

"The Duty of the Surgeon to the Patient in Desperate Cases." Dr. John E. Cannaday, Charleston, W. Va.

"The Surgery of Infantile Life." Dr. Stuart McGuire, Richmond, Va.

"Appendicitis in Children." Dr. J. M. T. Finney, Baltimore, Md.

"Some Difficulties and Dangers in Surgical Operations on the Biliary Tract." Dr. Joseph Graham, Durham, N. C.

"A Consideration of Pain as a Symptom of Disease Involving the Right Half of the Abdomen." Dr. Benjamin B. Steedly, Spartanburg, S. C.

"Intestinal Lesions Produced by Blunt Force." Dr. Harry B. Stone, Charlottesville, Va.

"Peri-Appendicæal Inflammations as the Genesis of Certain Neurasthenic Conditions." Dr. J. Allison Hodges, Richmond, Va.

"Hemoglobinuric Fever." Dr. W. B. Barham, Newsoms, Va.

"Intra-Cranial Neoplasms: Diagnosis and Indications for Treatment." Dr. Tom A. Williams, Washington, D. C.

"Intra-Cranial Neoplasms: Viewed from the Ophthalmologists' Standpoint." Dr. E. Mikell Whaley, Columbia, S. C.

"The Surgical Problems of Intra-Cranial Neoplasms." Dr. R. L. Payne, Jr., Norfolk, Va.

"Some Remarks on the Surgery of Peripheral Nerves: With Exhibition of Cases." Dr. J. Shelton Horsley, Richmond, Va.

"The Nature of Neurasthenia." Dr. Beverly R. Tucker, Richmond, Va.

"Simulated Hysteria." Dr. Tom A. Williams, Washington, D. C.

"Atrophic Arthritis of the Knee-Joint." Dr. A. R. Shands, Washington, D. C.

"Affections of Joint." Dr. Samuel Lile, Lynchburg, Va.

"Corrections of Replaced and Untreated Tallipes Equino-Varus by Operation: Investigation of the Pathological Mechanics of the Deformity. A New Operation for the Restoration of Dorsal Flexion." Dr. Michael Hoke, Atlanta, Ga.

"The Causes and Treatment of Rheumatic Fever." Dr. Wm. S. Gordon, Richmond, Va.

"A Clinical Study of Fibrous Rheumatism." Dr. L. G. Pedigo, Roanoke, Va.

"The Contributions of Animal Experimentation to Medicine." Dr. Henry A. Christian, Boston, Mass.

"The Use of Radium in Surgery." Dr. G. W. Drake, Hollins, Va.

"The Physician's Duty to the Public." Dr. C. F. Williams, Columbia, S. C.

"Impaired Gastric Motility as a Factor in Digestive Disturbance." Dr. Jno. N. Upshur, Richmond, Va.

"Acid Intoxications and their Therapeutic Indications." Dr. Douglas Vander Hoof, Richmond, Va.

"Arterio-Sclerosis: A Plea for its Early Recognition and Treatment." Dr. Jno. C. Walton, Richmond, Va.

"Inadequacies of the Present-Day Treatment of Syphilis." Dr. Joseph Collins, New York, N. Y.

"Bacterial Examination of the Blood by Staining Methods in Typhoid Fever." Dr. M. P. Burnham, Harrisonburg, Va.

"Studies in Amæbiasis: With Report of Forty Cases." Dr. Wm. Allan, Charlotte, N. C.

"Diabetes: A Sympathetic Neurosis." Dr. J. Munroe Lieberman, New York, N. Y.

"Foods and Drugs." Dr. G. W. Drake, Hollins, Va.

"The Heart in Lobar Pneumonia." Dr. Greer Baughman, Richmond, Va.

"Dementia Præcox: Some Neglected Phases." Dr. J. K. Hall, Morganton, N. C.

"The Problem of the Criminal Insane." Dr. Geo. E. Chinn, Norfolk, Va.

"Hereditary Criminals: The One Sure Cure?" Dr. Chas. V. Carrington, Richmond, Va.

"Diphtheria." Dr. Chas. S. Webb, Bowling Green, Va.

"Pulmonary Tuberculosis: Its Early Diagnosis and Subsequent Management." Dr. W. D. Tewksbury, Cataaba, Va.

"The Importance of Correcting Pathological Conditions in the Pharynx as a Prophylaxis Against Tuberculosis." Dr. H. H. Briggs, Asheville, N. C.

"How may we Prevent Relapses in Pulmonary Cases Apparently Cured or Arrested?" Dr. I. J. Archer, Black Mountain, N. C.

"Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis." Dr. Mary E. Lapham, Highlands, N. C.

"The Present Status of Specific Medication in the Treatment of Tuberculosis." Dr. Lewis M. Gaines, Atlanta, Ga.

"The Vital Questions of Climatology in the Prevention, Development, and Cure of Tuberculosis." Dr. Paul Paquin, Asheville, N. C.

"Tuberculosis of the Thyroid Gland." Dr. Stephen H. Watts, Charlottesville, Va.

"Some Phases of Endocarditis." Dr. Alexander G. Brown, Jr., Richmond, Va.

"The Causes and Treatment of Various Types of Persistent Hemorrhage from the Uterus." Dr. Brooke M. Anspach, Philadelphia, Pa.

"On the Cure of Uterine Prolapse." Dr. Hubert A. Royster, Raleigh, N. C.

"The Significance of Leucorrhœa." Dr. Augustin H. Coelet, New York, N. Y.

"A Hysterectomy with Ectopic Gestation." Dr. Fred L. Potts, Spartanburg, S. C.

"A Case of Rupture of the Uterus in Pregnancy with Operation and Recovery." Dr. Blanton L. Hillsman, Richmond, Va.

"Some of the Interesting Features of Ectopic Pregnancy, with Report of Cases." Dr. Seavy Highsmith, Fayetteville, N. C.

"Cæsarean Section for Carcinoma of the Cervix: Report of One Case." Dr. Henry Norris, Rutherfordton, N. C.

"Early Celiotomy for Ovarian Disease." Dr. J. E. Rwals, Suffolk, Va.

"The Treatment of Puerperal Infections." Dr. Thomas J. Watkins, Chicago, Ill.

"Normal and Abnormal Menstruation." Dr. Owen-Smith, Asheville, N. C.

"Obstetric Asepsis as Prophylaxis of Puerperal Sepsis." Dr. W. O. Spencer, Winston-Salem, N. C.

"Varicose Veins of the Leg and Their Surgical Treatment." Dr. E. R. Hart, Suffolk, Va.

"Care of the Mother's Breasts." Dr. W. J. McAnally, High Point, N. C.

"A Plea for Patience During the First Stage of Labor." Dr. J. E. Patrick, Farmville, N. C.

"The Hygiene and Management of the Pregnant Patient Prior to Delivery." Dr. H. H. Kapp, Winston-Salem, N. C.

"Forceps, Uses and Abuses." Dr. A. B. Croom, Maxton, N. C.

"Manual Dilatation in Labor: A Plea for its More Frequent Use. A New Instrument." Dr. L. B. McBrayer, Asheville, N. C.

"Experiences with Placenta Prævia." Dr. J. H. Hiden, Pungoteague, Va.

"Stricture of the Rectum." Dr. E. H. Terrell, Richmond, Va.

"Cancer in Virginia: Trustworthy Statistics the Foundation of Public Health—The Organization of a Cancer Association in Virginia." Dr. Stephen Harnsberger, Catlett, Va.

"Climatic vs. Home Treatment in Tuberculosis." Dr. Chas. P. Ambler, Asheville, N. C.

"Duties of the Physicians to the Boards of Health." Dr. Watson S. Rankin, Ral-

eigh, N. C.

"Duties of the Boards of Health to the Physicians." Dr. E. G. Williams, Richmond, Va.

"Shall an Ovary be left in Hysterectomy for Benign Growths?" Dr. Chas. R. Robins, Richmond, Va.

"Clinical Manifestations of Fibrosis." Dr. Benj. K. Hayes, Oxford, N. C.

."The Prevention of Infant Mortality." Dr. St. Geo. T. Grinnan, Richmond, Va.

"The Treatment of Pneumonia." Dr. H. L. Monk, Spencer, N. C.

"A Review of Seventy Cases of External Urethrotomy." Dr. Robt. C. Bryan, Richmond, Va.

"The X-Rays as a Factor in Prognosis in Joint Injuries." Dr. A. L. Gray. Richmond, Va.

"The Scope of Surgical Diagnosis," Dr. G. Paul LaRoque, Richmond, Va.

"The Rationale of Traumatic Nephritis: With Report of a Case." Dr. A. J. Crowell, Charlotte, N. C.

"Report of a New Functional Test for Renal Inefficiency." Dr. John T. Geraghty, Baltimore, Md.

"The Symptoms and Treatment of Pyelo-Nephritis of Pregnancy." Dr. J. E. Stokes, Salisbury, N. C.

"Absorption of Cataract: Report of a Case." Dr. J. G. Johnston, Chester, S. C.

"The Throat Specialist and Preventive Medicine." Dr. Thos. W. Davis, Winston-Salem, N. C.

"Some of the Most Common Causes of Squint: Their Remedy." Dr. L. O. Mauldin, Greenville, S. C.

"The Evils of Mouth Breathing." Dr. E. W. Carpenter, Greenville, S. C.

SOCIAL FEATURES.

Tuesday night, February 15th, 9 p. m., Dr. Stuart McGuire will entertain the members at a reception in his home, corner Grace and Sixth streets.

Wednesday, February 16th, at 1:30 p. m., Dr. J. Allison Hodges invites the members to a luncheon at his residence, 107 East Franklin Street.

Wednesday night, February 16th, at 9 p. m., the local members offer an Old Virginia Buffet Supper, at the Westmoreland Club, followed by a vaudeville entertainment at 10:30 p. m.

The lady visitors will be given an automobile ride on Tuesday afternoon at 4 p.m., and will be entertained on Wednesday, February 16th, at a five o'clock tea at the Woman's Club, 211 E. Franklin Street.

HEADQUARTERS.

Jefferson Hotel.

MEETING PLACE.

Jefferson Hotel Auditorium.

Scientific sessions will be held daily from 10 a. m. to 1:30 p. m. and from 3:30 to 6:30 p. m.

Clinics will be given from 8:30 to 9:45 a. m. on Wednesday, February 16th, at the Memorial Hospital; on Thursday, February 17th, at the Virginia Hospital.

The evenings will be given up to social pleasure for the better acquaintance of the members.

PERSONAL HYGIENE.

Personal hygiene is only beginning to be generally exploited. Most persons leave their health to be attended to by physicians and health officers, just as many people leave their religion in the hands of priest or clergyman. So far as practiced at all, personal hygiene has been confined chiefly to invalids and athletes. Even by them it is usually practiced to tide over an illness or to prepare for a contest. But it is manifest destiny that a wise economy of vitality will sooner or later be practiced, says Professor Irving Fisher, in the Bulletin of the National Conservation Commission. Waste of vital resources is as irrational as waste of natural resources. Neither is inexhaustible and both must be conserved. Thoughtlessness and ignorance are the reasons for the appalling waste of both now going on. Even people who do not defiantly abuse their strength by definite excesses are liable to waste it gradually. Slightly unhygienic habits grow, and their effects are doubtless cumulative. It is well known that even a so-called "ventilated house," if lived in long enough without sufficient outdoor life, may induce tuberculosis. This must be through the repitition of an infinitesimal injury produced through each respiration eighteen times a minute for twenty-four hours a day for half a life time,

The obstacles to hygiene which have accumulated are almost as numerous and as small as the barnacles which impede a ship. To remove them is in large part to "return to nature." Many of the inventions of which civilization boasts have had an unhygienic side. The invention of houses has made it possible for mankind to spread all over the globe, but it is responsible for tuberculosis, especially after glass was devised, which while letting in light keeps out the air. The invention of cooking and preparing foods has widened the variety of man's diet, but has led to the decay of his teeth. The invention of the alphabet and printing has made possible the accumulation of knowledge, but it has produced eyestrain with all its attendant evils. The invention of chairs has added to human convenience, but has led to spinal curvature and abdominal congestion. The device of

a division of labor has added to wealth, but has destroyed the normal balance of mental and physical work, recreation and rest. Similar fault may be found with clothing, especially corsets, shoes, and hats, and with numerous other contrivances. Yet it would be foolish, even if it were possible, to attempt to "return to nature" in the sense of abolishing civilization. We must go forward, not backward. The cure for tuberculosis is not in the destruction of houses, but in devices for ventilation. It is a little knowledge that is dangerous. Civilization can, with fuller knowledge, bring about its own cure and make the "kingdom of man" far larger, even in respect to hygienic conditions, than "nature" people can ever dream of. Unhygienic customs and fashions are exceedingly slow to yield, but they do yield in the end. It should be the part of intelligent men to lead in hygienic reform, not by intolerant and impatient abuse of their fellowmen, but by the quiet force of example. The intolerant and impatient reformer does incalculable harm, for he takes no account of that subtle perversity of human nature which resents his interference. Equally harmful is the man who seeks only to imitate the crowd, who condones the vices of his time and country. One must always bear in mind what has been called the "psychology of the crowd." Tarde, LeBon, Baldwin, Ross, and others have shown that society is largely ruled by customs which grew out of imitation. In order that our social custom shall be changed, imitation is necessary. The upper classes should take the lead, for any reform will spread many times more quickly when the initiative comes from above than when it comes from below. Western civilization has made its marvelously rapid progress in Japan for the simple reason that the Mikado approved, and marvelously slow in China for the simple reason that the Empress disapproved. We find the same principle at work in the progress of medicine. Hydrotherapy originated with a peasant and required three centuries to come into vogue. The use of sour milk, on the other hand, has been advocated only during the last few years, but the initiative came from Metchnikoff, one of the foremost of medical scientists. The consequence is that the so-called "sour-milk craze" has already led to great industries and affected the business of groceries, soda-water fountains, and even liquor saloons.

The change constituting hygienic reform will be brought about most rapidly by the influences on the young. If children in their homes and schools are given proper models for imitation, the public opinion which they will form may make a revolution in a single generation. Anyone who realizes the almost resistless force of the principle of imitation, especially when applied to children, will receive a new sense of the responsibility he takes in setting an example to the young.

There are three classes in particular on whom the responsibility is heavy—teachers, physicians, and parents. If they wish the child to be free from the cigarette habit, they must sacrifice the cigar and pipe habit, even though it be true that cigars and pipes are not injurious to adults. They may believe this, but the children will not. The same principle applies to other and more serious infractions of the laws of health. It is probably through the love of the next generation, rather than through any selfish care for the present, that men and women now living will take pains to secure the best results in bringing about the change in living conditions for which every hygienist hopes.

REMOVAL OF SUBMERGED TONSILS.

It has long been recognized that the large protruding tonsils which obstruct breathing should be removed, though generally speaking, the method of the complete extirpation of these hypertrophied glands has but recently reached what may be termed a stage of perfection. Likewise, only during the present decade has it been shown that tonsils of apparently too small a size to mechanically obstruct breathing, can and do, when otherwise diseased, play more havoc with the general health of the individual than do the large, soft, protruding glands, which nearly meet in the middle line of the pharynx. Much work of importance has been done by investigators and clinicians relating to the faucial tonsils during this deceuium. Many excellent monographs on their morbid anatomy, the indications for their removal, and their relationship to the general health of the individual have appeared. Thus the causal relation between tonsils and many systemic diseases, such as rheumatism, anæmia, chorea, nephritis, tuberculosis, &c., has been proven beyond a doubt. The so-called submerged tonsils are met with far oftener than the hypertrophied variety. They are usually bound down by adhesions between the faucial pillars so that a casual observer who expects all offending tonsils to project markedly into the throat fails to recognize the importance of this variety of diseased tonsils. This is all the more true because there are no manifest symptoms of inflammation in the glands themselves. Such subjects may complain of reflex cough, dryness or a tight feeling in the throat, obscure pain in the ear when the ear shows

no signs of inflammation, tinnitus aurium, foul breath, rheumatic symptoms, &c. Degenerated tonsils and impaired hearing have been the subject of much discussion, and the removal of the former has been followed by great improvement of the hearing. Although these tonsils when deeply buried between the faucial pillars seem too small to give much concern, after they are excised, it is surprising to see how large they actually are. Being thus held down by adhesions, the upper end of the tonsil impinges upon the eustachian tube, causing the ear symptoms and at the same time it encroaches upon the lumen of the nasopharynx, impairing nasal respiration to a harmful extent. When thus pushed upward the secretion from the upper crypts which normally open into the supra-tonsillar fossa cannot escape. Its accumulation brings about foul breath, absorption of infectious material into the general circulation, as well as enlargement of the cervical lymphatics. An occasional peritonsillar abscess may also manifest itself. The picture of the sallow, anæmic, and poorly nourished child with enlarged cervical glands, growing steadily weaker in spite of the best medical and dietetic treatment, is so familiar that further mention is needless. During the period of second dentition—from 6 to 12 years—when the mouth contains so many bad teeth, infection of these small tonsils is prone to occur. It is likewise at this period that chorea is most likely to manifest itself, and the influence of diseased tonsils in the causation of this dreaded symptom complex is no longer a matter of conjecture. As to the indications for tonsillectomy: When the individual is subject to frequent attacks of tonsillitis, or when the breathing is manifestly obstructed, there can be no difference of opinion in this regard. Too much stress, however, cannot be laid upon the existence of enlarged lymphatic glands of the neck. These glands are very prone to tuberculous infection. When, therefore, in a subject whose general health is impaired, and all other causes for enlarged cervical glands have been excluded, it is proper to remove the tonsils along with the adenoid vegetations, whether they appear manifestly diseased or not. In not less than ninety-five per cent. of these cases the tonsillar crypts will be found filled with cheesy material as soon as the adhesions over the supra-tonsillar region are liberated.

UNIVERSITY MEDICAL COLLEGE BURNED.

On January 5, 1910, the University College of Medicine Building, in Richmond, Va., was totally destroyed by fire. The building, which antidated the Civil War, and the contents represents a loss estimated at $200,900, with insurance amounting only to $42,500. The Virginia Hospital, which adjoined the Medical College, was saved by the heroic efforts of the firemen. The fire was discovered from the hospital, the alarm being given by the night nurse. Thirty-three patients who occupied the wards of the hospital building were safely removed to neighboring dwellings where they were cared for until they could be taken back to the institution. Although the entire College was consumed by the fire, the faculty quickly made provision for carrying on the work, and within two days the classes were being held and recitations and lectures were going on with scarcely a sign that so grave a catastrophe had visited the school. Temporary quarters were procured at the "Mechanics Institute" where lectures are held; the clinics are held in the various hospitals, and laboratories have been fitted up in the Willhiser Warehouse. The student body remained to a man. Although the loss is deplorable the magnificent response on the part of the citizens of Richmond, in pledges of support, must be a source of great encouragement to those most nearly interested in the institution. There is promise that a grander and nobler future may have been born from the ashes of the University College of Medicine. It is said that there is very favorable prospect that as a result the long hoped for union of the two schools: University College of Medicine and the Medical College of Virginia, may be consummated. Should this be done there is quite good reason to believe that a great medical school, transcending those which have hitherto done so grand a work in Richmond, will be developed.

THE PHYSICIAN AS A SOCIALIST.

Just now we hear much of the struggle between capital and labor and are gravely informed by the socialists that universal peace, with its symbolic doves, etc., would be all around us in the industrial world if only we would all become socialistic and work, not for private gain but for the public good. Their motto is "all for one, one for all." And in fact many believe socialism is what we are slowly but surely trending towards, getting nearer and nearer to that proposed millenneum every year. It is certainly true that the socialistic vote shows a steady and constant increase in every election in most every part of the world. But of all those who call themselves socialists, how many even try to practice in the slightest degree what they are pleased to preach in and out of season? Very few, I imagine, as actual investigation would

show. Several of my personal acquaintances are ardent socialists in theory, but their actions are quite different in everyday life. How many, however, give credit to the medical profession for being nearer real socialists in their daily lives, in carrying out the highest ideals of the profession, than the most ardent socialist among the laity. The average physician, if asked, would deny most vehemently probably that he was a socialist. And yet he is a real socialist in more than one sense. Nothing he is called upon to do in the interests of his fellowman is too great a sacrifice for him to make, even though it may mean the loss of his life. He puts the honor of his profession and his sense of duty to his fellowmen above everything else. He is the real "minute man" of every day life awaiting "the call to arms" calm and determined, and actually ready to respond to it cheerfully whether the alarm is sounded at noon or midnight, in fair weather or in storm. His own convenience or comfort is never thought of by him. Ofttimes his financial recompense is unthought of by the person whom he has treated. He devotes the years of his entire life to a never ceasing study, first to secure the coveted degree of M. D., and afterwards to constantly add to his usefulness to suffering humanity, His reward—and that which he appreciates most—is the gratitude, sometimes, of those whose sufferings he has alleviated, and the respect of the community in which he lives, for the financial return to the average physician is a good deal less than the money return would be in any other walk of life with the same amount of preparation and constant application. To those of his fellowmen who require medical attention, but who through some "turn of the wheel of fortune" are unable to pay the usual fee, the physician gives his attention and best efforts gratuitously at the various clinics and hospitals, and ofttimes in many cases at his office. Does he ask any great credit for looking after the sick poor? No; he merely looks at it as one of his duties to his fellowmen. And lastly, instead of industriously trying to increase his income, as is the usual ambition the world over in every other walk in life, he works most earnestly to bring about such a state of affairs that will lessen or prevent sickness and suffering in the first place, and in the second tries to discover quicker and more certain cures for those who are unfortunate enough to be taken ill. As a socialist the physician is certainly a success, for he is truly a real and practical one, even though the most ardent of the theoretical variety of socialist does not seem to know that socialism exists in actual practice today—at least so far as the medical profession is concerned.

STOVAINE AND OTHER NEW THERAPEUTIC AGENTS.

Many American physicians and surgeons have acquired a habit of belittling American efforts in the line of therapeutic improvements and looking abroad only for therapeutic advancement. They accept everything that bears a foreign label without question and immediately put it into use in their practice. As a matter of fact, however, the advance in medicine and surgery brought about by American physicians and surgeons is such that Americans may be proud of the record of their countrymen in our profession. Many are the names that will live in history as long as there are any annals of medicine in existence.

There arrived in New York a short time ago a famous European surgeon—Dr. Jonnesco—who came to show us the merits of a local anesthetic—stovaine—or rather an improved stovaine, for the original product has been on the market for some time, which was to do away with the need of a general anesthetic. His experience of several years in general surgery with this preparation, he stated, had shown him that in the improved preparation it was safe and efficient. Immediately, those who are inclined to favor the foreign doctors came forward to acclaim this new discovery and to point to it as fresh evidence as to how Enrope was getting ahead of us in furthering the advance of medical science. But the majority of us "came from Missouri" and wanted to be shown, and the concensus of opinion after several weeks trial in different parts of the country with Dr. Jonnesco himself as demonstrator, is that stovaine is not all that is claimed for it—in fact some claim it is a dangerous preparation. We who "came from Missouri" will continue for the present to use the old method, believing that in so doing we are acting for the best interests of our patients.

This should be another object lesson to the profession at large not to be too anxious to discard what we have, true and tried, for new and unknown therapeutic agents. Without being "old fogies," obstructing medical progress, we want to be conservative. The results obtained by one or two men mean nothing. To be really efficient, a preparation or a treatment must be such that any physician can obtain good results with it and not just a chosen few. Too many new therapeutic measures, in recent years, have been introduced to the profession "with a flare of trumpets and a roll of drums," giving false hopes to many of our patients, only to be cast aside as worthless in a few short months, weeks sometimes, that it behooves us to be careful. Before

accepting anything as conclusive, let us be "from Missouri"—"we want to be shown."

CANCER RESEARCH.

Cancer research up to 1900 offered little encouragement to the victim of the disease. The systematic study of the cancer process, having vainly exhausted its energy in the parasitic theory, had fallen into a state of hopeless inertia. Medical science had branded this field as fruitless. In 1902, however, cancer research sprang into intense activity. Local, national and international societies were formed for the study of cancer along new lines. The change has been almost instantaneous and constitutes nothing short of a revelation. According to Dr. James Ewing, in a recent article published in pamphlet form by the Council on Defense of Medical Research of the A. M. A., the results of five years' work by the experimental method over-shadow those of the thousand years preceding. The experimental study of cancer has been taken up energetically in England, Germany, France, Austria, Japan and America, with the result that in five years new facts of first importance have been demonstrated and the entirely new field of cancer immunity has been thrown open. It is too early, as Ewing remarks, to place a final estimate on the true value of many of these facts, but present indications point out some of the results as most significant and as revealing the revolutionary influence of the experimental study of cancer. The above mentioned author thus summarizes the more essential features of the work on cancer:

Today it is known, at least for cancer, that the final criterion is the capacity of a tumor cell to maintain an independent existence when transplanted into an animal of the same species.

It has also been demonstrated that cancer cells may apparently grow forever, if suitable environment be provided. The Jensen strain of mouse tumor has been transplanted through several hundred generations over a period of seven years and still shows undiminished vitality. There is good reason to believe that a certain sarcoma of dogs readily transmitted by coitus has acquired its very great infectivity by repeated natural transfers in this manner and thus constitutes a wholly new form of parasitism.

It has been shown that the conditions under which transplanted tumor cells will grow are extremely narrow, vastly more so than those governing the growth of bacteria. Hooland's cancer grew well in Berlin mice fed on milk, but when an attempt was made to transplant this tumor into Copenhagen mice of exactly the same species, but fed on carbohydrates, great difficulty was encountered. The slight difference in the diet sufficed to render the soil refractory. Such a result encourages the hope that it may prove possible to influence the growth of established tumors by practical therapeutic measures.

The question of the spontaneous cure of malignant tumors had long been debated and remained uncertain until such spontaneous regression had been repeatedly observed in transplanted tumors of mice, rats and dogs. This observation was so contrary to the well-established belief that malignant tumors never regress, that its occurrence in lower animals was at first vigorously denied, and only repeated demonstrations compelled its final acceptance.

Most significant is the discovery that there is such a thing as immunity to cancer. Most animals that have recovered from tumors either spontaneously or after incomplete operation are thereafter immune to cancer. Not only may this immunity be established after spontaneous cure, but it has been artificially induced by inoculation with extracts of normal mouse organs and embryos. It is hardly possible to overestimate the importance of this discovery, since it at once takes cancer from a realm of baffling obscurity and places it in much the same position as the infectious diseases. The nature of this immunity is very complex. New methods must be devised for its study, but the possibility of perfecting these methods exists.

After repeated transplantation cancers have been found to increase in rapidity of growth and in the capacity to survive transplantation; *i.e.*, they acquire increased virulence. This wholly unexpected result, which might appear to be of no practical significance, has been used to produce artificial immunization, for by vaccinating an animal with a feeble strain of tumor from which it recovers, the animal becomes immune to the most malignant cancers. The principle of a preventive treatment of cancer has thus been disclosed.

Medical science has spent many years and much labor in the vain effort to discover a parasite of cancer. Even recently it has been feared that cancer patients were a menace to their neighbors and that the houses of cancer victims should be burned. But the experimental study of tumors has greatly strengthened the view that cancer is not a contagious disease, that its exciting cause cannot be a readily transmissible parasite, and that the long-looked-for cancer parasite is the cancer cell. The field of research has, therefore, been narrowly defined, and it is not likely that the enthusiastic search for a specific cancer parasite

will soon again assume the dominant position it once occupied.

The relation of heredity to malignant tumors has formed a vital chapter in cancer research. Are the offspring to two cancerous parents especially liable to develop the disease! Knowledge is lacking on this particular question, though experiments are being carried out with the view of clearing up the problem.

The rational cure of cancer in man remains a problem for the future. Mice have been cured by serum therapy, and in nine consecutive cases a malignant sarcoma in dogs has been cured by bleeding the animal and transfusing it with the blood of dogs immunized to this tumor. It may be unsafe to make any predictions, but it is certainly legitimate to claim that therapeutic principles established in lower animals will prove applicable in some form to man for cancer as for diphtheria. Hence the statement of Ehrlich may be endorsed: that the beginning of the end of the cancer problem is in sight.

HOOKWORM CONFERENCE.

The Southern Health Conference, the organization which resulted from the conference on Hookworm Disease, was launched in Atlanta January 19-20, with the election of the following officers:

President—Dr. H. F. Harris, secretary of the Georgia State Board of Health.

Permanent Secretary—W. G. Cooper, secretary of the Atlanta Chamber of Commerce.

Vice Presidents—Dr. H. G. Perry, Alabama; Dr. Hiram Byrd, Florida; Wilmer L. Moore, Georgia; Dr. J. B. Marvin, Kentucky; Dr. J. A. Albright, Tennessee; Dr. E. G. Williams, Virginia; Dr. R. H. Lewis, North Carolina; Dr. S. H. McLain, Mississippi; Dr. G. H. Martin, Arkansas; Dr. William Weston, South Carolina; Dr. W. M. Brumby, Texas; Dr. George H. Dock, Louisiana; Dr. Woodward, District of Columbia; Dr. W. G. Baldwin, Hawaii; Major B. D. Taylor, United States Army; Passed Assistant Surgeon William Butler, United States Navy, and Major J. H. White, United States Marine Hospital Service.

The committee on by-laws and constitution in their report suggested that the membership of the organization consist of permanent members and delegates; permanent members to be such persons as choose to identify themselves with the organization and pay the fixed dues; delegates to be persons appointed as such by the Governors of the States, by the State organizations of the various religious bodies, by the organized State medical bodies, by the municipal authorities and chief commercial bodies of the cities of the States represented. Also by the life insurance companies and railroad companies operating in the South; by the women's clubs; by the labor organizations and by the Farmers' Union and such bodies as the executive committee may see fit to invite to send delegates.

The report was accepted by unanimous vote.

A conspicuous figure and really the man to whom, more than to any other, is due the present widespread agitation on the subject of Hookworm Disease, was Dr. C. W. Stiles, whose addresses were heard with intense interest. Other prominent speakers were Drs. Newton Evans and Wycliffe Rose, Nashville, Tenn.; Geo. Dock, New Orleans; W. M. Brumley, President Texas State Board of Health; Frederick J. Mayer, New Orleans; Kingnon, of the U. S. Marine Corps; Wallace Butterick, New York; W. W. Landrum, Louisville, Ky.; E. W. Schause, Cecil, Ga.; M. M. Head, Zebulon, Ga.; H. G. Perry, Greensboro, Ala.; and R. M. Cunningham, Ensley, Ala.

There were two hundred odd delegates to the convention; fifteen States were represented, while one delegate came from Honolulu.

The three sessions were characterized by the absorbed attention of all present; by the co-operative spirit expressed in every feature, and by the distinguished character and ability of the individual men participating.

This conference, representing the first organized effort in the South as a whole to take up this particular line of work, represents the beginning of a great movement for health conservation in our Southland which is pregnant with the vastest possibilities.

PAROXYSMAL HAEMOGLOBINURIA.

This very remarkable condition was first described by Dessler in 1854, and by Horley later in 1865. Pavy deserves credit for first employing the term paroxysmal haemoglobinuria. In this condition there is a sudden appearance of urine, tinged, or, it may be, deeply colored, by the presence of haemoglobin. For an hour or two what urine is passed is thus colored, and the next passage may be perfectly clear and limpid. This little understood condition is not in itself fatal, even though two or three attacks per diem may occur over a considerable period. Patients have been known to be affected from time to time for as many as eleven years. When the condition first manifests itself it is noted that the paroxysms come on after slight exposure to cold, as, for example, the chilling of the body upon rising in the morning, and first and

other attacks are most frequent during the winter months. In inveterate cases they occur during the summer also, and frequently without obvious cause. Yet it has been observed that, in these severe cases, living in a warm climate prevents the paroxysms. There is, indeed, a certain relationship between this condition and cyclical albuminuria. As Copeman points out, such cyclical albuminuria also follows chills, and is truly a globulinuria, and not an albuminuria; while in the condition now under discussion, a condition of globulinuria, associated with a rapid reduction in the number of red corpuscles in the circulating blood, may precede the appearance of haemoglobin in the urine. In both conditions the red corpuscles appear to be abnormally sensitive to temperature changes, and a feeling of coldness and shivering in the extremities frequently precedes the paroxysms. Vasomotor changes, therefore, affecting the cutaneous vessels appear to be very intimately connected with the development of the condition. That it is due to a liberation of haemoglobin from the corpuscles was first fully demonstrated by Kussher, in 1879, by withdrawing blood from the peripheral circulation during a paroxysm, and finding that, after coagulation, the serum was distinctly colored by haemoglobin. Yet clearer demonstration was afforded by Ehrlich, who showed that, after ligaturing the finger of a patient subject to these attacks, and dipping it in cold, and then in hot, water, not only had the serum become tinged, but, among the corpuscles, numerous shadows of red cells, which had lost their haemoglobin, could be distinguished. It is possible that the more recent studies upon haemolysins, and upon the development in the system of substances which lead to the disintegration of red corpuscles, may throw some light upon this curious disease; so far no adequate explanation has been afforded.

NURSE OR DOCTOR?

The baneful influence of the growing feeling on the part of nurses that they may usurp the authority of the physician has been the subject of comment in these pages more than once. That the tendency is pernicious and threatens the very life of the nurse's occupation is manifest. A doctor who has been so unfortunate as to become the subject of criticism on the part of a nurse or whose orders have been countermanded or disobeyed by a nurse, is not likely ever to consent to her employment on a subsequent occasion. And now from "across the water" comes the news that nurses are actually invading the province of the surgeon. *The Hospital* (London) thus comments on this question.

"This matter is one which demands the serious attention of the profession, for otherwise it may do as much injury to the general practitioner as professional carelessness in the prescription of tabloids has brought about. The ignorance which exists in some circles on the subject of the practice of skin-grafting by nurses is illustrated by the letter of a matron of one of the greatest and oldest training schools, who writes: 'It seems to be an absolutely unnecessary question to ask, is it desirable that nurses should learn and practice skin grafting?' The extent to which the practice has grown in certain Poor Law infirmaries may be gathered from the followiug letter which we have received from the matron of one of the largest of these institutions: 'With regard to the question on skin-grafting, I should say, certainly it is desirable that nurses should learn and practise it, provided they do it only when ordered by the doctor. Here we have large numbers of ulcered legs, and skin-grafting is done, in many cases with very good results by the ward sister. She teaches the nurses, but the doctor always decides when the leg is ready for it. Of course, Reverdin's method is the only one done by nurses here. Thiersch's method is, I believe, never done except by a doctor, and generally under an anæsthetic. That is usually done to cover large surfaces, like severe burns. I do not approve of nurses taking the grafting from their own arms. Here they are taken from the patient's arm or upper part of the leg, and strict asepsis is observed.' We direct the attention of our readers to this really important question, which merits the immediate consideration of the medical profession, and also of the authorities of nurse training schools throughout the country."

It would seem that little comment is required on this question in America. If the nurse is to practice surgery or medicine, she must undertake the same preparation as the doctor.

INVESTIGATION OF SOUTH CAROLINA'S HOSPITAL FOR INSANE.

The investigation by Legislative Committee of the affairs of the South Carolina State Hospital for the Insane, located at Columbia, has resulted in a report of conditions existing in that institution. While sensational it is not the wish of the Journal to appear to magnify the news. The following practically summarizes the findings of the committee:

On December 13, last, there were in the institution, 1,533 inmates—520 white women, 370 white men; 321 negro women; 322 negro men.

Without placing the blame on any particular person, the committee's report states that the evidence shows: That fifteen patients of one ward were bathed in the same water in a bath tub.

That the foulest water closets, centers of wide soil pollution, are located within a few feet of an outdoor kitchen;

That there are no screens about these closets:

That the bodies of dead patients are buried one on top of another in the same lot, with as little consideration as if they were so many dogs;

That hogs and the dead are kept in the same lot.

That the wards, even of the white women, are over-run with vermin and the patients are allowed to go unkempt and ragged.

The report also states that many attendants are reported illiterate and brutal, many cases of brutality being reported and that the food served the patients is badly prepared by persons who never learned to cook and is served in dirty, greasy tin dishes and government reports are quoted to show that in the South Carolina hospital the death rate is the highest in the United States, 25.54 percent as compared with a general average of 11 percent.

It is estimated that it will require $350,000 to put the plant in proper shape and it is suggested the present plant be sold, the land being worth $400,000, and two plants, to cost $500,000 each, be erected by the State elsewhere.

A minority report submitted by three members of the commission, disagree with the main features of the majority report. It holds that the lack of funds to put the institution on a modern basis, due to the State's heavy indebtedness, is the principal source of trouble. It states that the patients, as a rule, are well cared for, that the food served is of good quality and well cooked and that the management of the State's farm is systematic and efficient.

The minority report states that it is unnecessary to create a great debt for the State in the purchase of new sites and that the expenditure of about $50,000 annually for several years will meet the requirements of the situation.

In accordance with the recommendations of the committee, a bill has already been introduced before the South Carolina Legislature, now in session, providing for the purchase of a new site for the hospital.

PSEUDO-ANGINA PECTORIS.

According to James McKenzie, in his excellent work on Diseases of the Heart, it is time the term 'pseudo angina pectoris' was dropped out of medical literature. While it may be convenient to group under indefinite terms many conditions of whose nature we are ignorant, it should be borne in mind that this grouping is but provisional, and a confession of our ignorance of the real nature of the complaint. With advance in our knowledge, first one complaint and then another should be placed in a group whose cause is definite and known. In this way many cardiac terms, such as tachycardia, embryocardia, bradycardia, have been employed loosely, and now should never be employed unless a definition be given of what is meant. The term 'angina pectoris' is employed to designate a group of symptoms evoked by the heart, of which pain is the most distinctive. As angina pectoris is sometimes associated with grave organic lesions, we find such cases referred to as 'angina pectoris vera'. The term 'pseudo-angina pectoris' is applied to cases in which the pain resembles that of angina pectoris vera, but is due to some other cause than heart disease, or in which the pain arises from the heart with no organic lesion. In regard to the former class, if the pain is due to some other viscus, e.g., the stomach, as sometimes happens, why call it 'pseudo-angina pectoris?' If it is due to the stomach, why not say so? In regard to the latter class, the employment of this term is due to a total misconception of the nature and mechanism of visceral pain. The fundamental cause of the pain is the same in the case of the heart as in that of any other viscus, and the pain is as readily induced in the heart as in the stomach. As we should never dream of calling a stomach pain a 'pseudo-gastralgia,' so we need not call a heart pain a 'pseudo-angina.' The employment of a fine sounding name or term has too often sufficed for a diagnosis, to that extent, indeed, that no inquiry into the real nature of these symptoms has been undertaken. In the great majority of cases when a patient complains of a pain in his chest which radiates into his arm, the pain is of cardiac origin. The only other conditions in which pain is found to occupy this characteristic site are perhaps in herpes zoster affecting the upper dorsal nerves and certain rare forms of gastric spasm. It is quite conceivable that other conditions may give rise to pain having this distribution, but that is no reason for calling them pseudo-angina pectoris. The characteristic distribution of the pain and other sensory phenomena at once excludes hysteria, for in the latter the symptoms do not follow the anatomical distribution of nerves. When an hysterical patient feels a pain in this region, it may be assumed that there is some cardiac trouble in addition to the hysteria.

TYPHOID SPINE.

The term "typhoid spine," suggested by Gibney, is used to designate a disability of the spine, occurring as a sequel to, or a complication of, typhoid fever, and consisting in a sprain of the muscles, a neurosis of the back or a localized inflammation of the spine or perispondylar tissues. According to Silver, the number of cases reported in the literature is sixty-seven, and of these he analyzes fifty-three, in only four of which positive radiograms have been made. As no authentic autopsies are recorded, our study of the pathology is limited to the symptoms. According to Osler, there may rarely be perispondylitis, but usually the condition is a neurosis. In 1884 Terrillon classified the lesions of typhoid infection of the spine as a simple periostitis, periostitis with subperiosteal abscess and periostitis with osteitis. Gibney, when he first described this disease, refused to commit himself to any pathology. From a study of two radiograms presented by McCree and those shown by himself, Silver concludes that the original explanation of periostitis is true for the largest number of cases. This fact is further borne out by the picture subsequently published by Meyers and by one presented by Swett, from whose article in the *Yale Med. Jour.*, we quote. In both cases the intrevertebral discs were shown to have disappeared and evidences of new borne formation in the region of the lateral ligaments were visible. The occurrence of pronounced kyphosis indicates the loss of bone substance. In certain cases the motor and sensory disturbances have been of such a character as to show that the periosteum of the inside of the spinal cord was involved. Moreover, pus formation has been shown to have occurred in two cases. Therefore, it may be concluded that, contrary to the opinion held by so many, a definite typhoid infection of the spine may occur and that perispondylitis or spondylitis may result from this process. This view is strengthened by the occurrence of typhoid periostitis with abscess formation in the long bones and of the typhoid arthritis, which is by no means an uncommon complication. It seems logical, then, as Swett suggests, to apply the term 'typhoid spine' to cases of this definitely inflammatory character only, as this avoids confusion and impresses one with the true seriousness of the disease, making accurate diagnosis in these conditions a necessity. Confusion has arisen in this matter by reason of the misapplication of the term. A weakened, debilitated individual convalescing from typhoid fever is naturally more liable to sprain his back than is a healthy man, and when such an accident does occur, the condition should be described as a sprain. In the same way, if a neurosis in the spinal region is present in such a patient, it should be described simply as a spinal neurosis. Possibly these conditions are more frequent after typhoid fever than true typhoid spine, but the differential diagnosis is not difficult, and the proper recording of cases along the lines suggested would soon settle this point. The lesion is found in the lumbar region with greatest frequency, never, so far as reported, in the cervical or sacral regions and only rarely in the dorsal. Subjectively, pain is the one constant symptom; sharp, shooting, cutting, boring; or dull, heavy pain; pain in all its forms and usually excruciating. This is made worse by the slightest motion or traumatism, and is of such a character as to completely incapacitate the sufferer. It is usually most pronounced at the site of the lesion, but may be referred to the thighs, abdomen, legs, etc. The reflexes are often disturbed, cramps in the legs and even paralysis involving the rectum and bladder are not infrequent. Likewise sensory changes, such as hyperaesthesia, paraesthesia, spasticity, &c., are sometimes noted. Objectively, the most constant and important symptom is the rigidity of the spine, caused by the involuntary contraction of the muscles in the effort to protect the inflamed area. Kyphosis occurs in about 25 per cent. of the cases and scoliosis in a few cases. Swelling at one or both sides of the spine is sometimes present, and local heat, redness and tenderness may be noted.

INFECTION.

By the term infection we understand the entrance of micro-parasitic living agents into the body tissue or substance, and the occurrence of definite symptoms of disease as the result of the multiplication and action of the invading germs. Infections do not always occur when pathogenic microorganisms are present in the body tissues, certain conditions being necessary for the establishment of a bacterial disease. Schorer thus broadly divides these conditions into two classes: those dependent upon the biological properties of the infecting organism, and those dependent upon conditions in the host and tissues invaded. Of the biological characters of importance in the infecting organism in the production of a bacterial disease, the most important are, that the microorganisms must be able to multiply rapidly and greatly in the tissues of the body, and that they must be able to produce poisons or substances harmful, either to some or all, of the tissues of the body. The number of organisms necessary to cause disease varies with different species.

Many more staphylococci are necessary to cause the formation of furuncle than of anthrox. The property of producing substances poisonous to the body tissues generally determines virulence. That virulence is of great importance is evident from the fact that innumerable so-called saprophytic bacteria which are present in the different parts of the body, grow and multiply there, but because in their growth sufficient poison is not produced, cannot cause an infection. The virulence of an organism, according to numerous investigators, depends upon the presence of certain substances in the parasite which reduce the resistance of the body and its tissues. These substances are variously designated lysins and the aggressins. Besides conditions in the casual organism, certain conditions must exist in the host or body so that infection can occur. Certain animals are insusceptible to the action of certain species of microorganism, thus for example, the horse and other domestic animals are naturally immune to venereal diseases. Again certain organisms can only produce disease when they are present in certain parts of the body by certain portals of entry. The spirillum of cholera can only produce its typical form of disease when it has gained entrance through the small intestine. Invasion of the dermis or epidermis by this organism produces no disease. The bacilli producing tuberculosis, as well as certain other organisms can cause infection when they have entered through the skin or through the mucous membrane. Certain organisms, as Bacillus diphtheriæ, Bacillus tuberculosis, Bacillus typhosus, show predilections for certain tissues, but will also produce disease conditions in other parts of the body. In addition to the nonsusceptibility of the host, the body possesses certain natural barriers to disease which must be overcome before infections can be produced. The unbroken skin usually offers a barrier to infection. Age, sex, race, occupation, &c., at times account for certain resistance to invasions of organisms. The resistance futhermore varies for the different organisms, as is evidenced by the fact that for the tetanus bacillus a wound is necessary to produce lock-jaw, while for the glanders bacillus the slightest abrasion of the mucous membrane will furnish a focus for an infection. The body fluids, lymph glands, phogocytes, all offer resistance to injection. These barriers are overcome in various ways and under different conditions, so that while individuals may be immune at one time they may, at another times, be susceptible to the same infectious agent.

EITORIAL NEWS ITEMS.

At the annual meeting of the Hale County Medical Society, of Alabama, which was held in Greensboro, Ala., on January 7th, the following officers were elected: President, W. C. Guin, of Arkon; vice-president, S. C. Carson; secretary and treasurer, C. A. Poelinitz; Censor for five years, R. J. Griffin, of Moundville; City Health Officer for Greensboro, R. F. Monette; for Newbern, R. A. White; for Moundville, R. J. Griffin. Dr. Poelinitz, County Health Officer, was instructed to arrange a campaign to instruct the people on the prevention of disease.

The Mississippi State Penitentiary trustees met January 4th in Jackson, Miss., for the purpose of making appointments of farm physicians and the clerical help of the board. All of the old physicians were elected with the exception of Dr. P. Fairley, who has been acting as physician on the Rankin prison farm. In the place of Dr. Fairley the board elected Dr. A. G. McLaurin of Brandon.

Gov. Noel, of Mississippi, appointed Dr. Nolan Stewart Superintendent of the Mississippi Insane Hospital at Jackson on January 4th, to succeed Dr. T. J. Mitchell, the present Superintendent, who has held the office for the last thirty years. Dr. Stewart has been acting as assistant Superintendent for the last ten or twelve years. Dr. Mitchell's term does not expire until May 3, 1910, and Dr. Stewart's term will begin on that date.

Dr. Stewart is a graduate of Geneva Medical College, class of 1886, and a man of great prominence among the members of his profession, as well as the laity of his State.

The annex to the New Orleans Sanitarium, New Orleans, La., was destroyed by fire on January 10th. The damage to the building amounted to $2500, while the contents suffered a loss of $1000. Both the building and contents were insured.

Dr. Hugh Boyd, of Scottsboro, Alabama, delivered an address on "pellagra" at the monthly meeting of the Madison County Medical Society, which was held in Huntsville, Ala., on January 13th.

Dr. Boyd discussed the disease from the standpoint of one who has had personal experience with the subject.

The semi-annual convention of the Chattahoochee Valley Medical and Surgical As-

sociation was held in West Point, Ga., on January 13th and 14th. It was a most interesting and encouraging meeting. About a hundred members were in attendance.

The annual meeting of the board of directors of the Macon Hospital, Macon, Ga., was held January 21st at the institution. A number of changes were made, Dr. McHatton leaving the chairmanship of the medical board, and Dr. S. R. Jaques resigned as president of the board of directors.

The Laurens County Medical Society, of South Carolina, is making preparation to entertain the South Carolina Medical Society, which is to meet in that city in April. The following committees have been appointed:

Committee to provide ways and means—Drs. T. L. W. Bailey, R. E. Hughes and I, Schayer.

Committee to provide homes and finances—Drs. W. D. Ferguson, J. H. Teague and A. J. Christopher.

Dr, W. H. Dial is an advisory member of both committees.

The King's Mountain Memorial Hospital Association will erect, at an early date, a public hospital in Bristol, Tennessee. The association has on hand, including the value of a commodious site, $8,000, and the city of Bristol is now being canvassed to raise $22,000.

The enlargement of the County Hospital in Anderson, S. C., which when completed the capacity will be sixty beds instead of twenty-five, is now in course of construction. The addition, which is being built of brick, will cost about $10,000.

Dr. H. Sheridan Baketel, who for several years has been the advertising manager for the Denver Chemical Co., of New York, has resigned his position with that Company to become Vice-President and General Manager of the Thermo Chemical Co., of New York.

Dr. Baketel is a man of ability in the business world, and we feel confident that he will meet with great success in this new work he has undertaken.

The Madison County Medical Society, of Alabama, at a meeting at Huntsville elected the following officers: President, Dr. Claud Pettus; Vice-President, Dr. M. R. Moorman; Secretary and Treasurer, Dr. Edgar Rand; Censor, Dr. W. C. Wheeler.

The Memphis and Shelby County Medical Association, of Tennessee, at its annual meeting at Memphis on December 21, elected officers as follows: President, Dr. E. C. Blackburn; Vice-President, Dr. J. W. Price; Secretary, Dr. B. N. Dunavent.

The Jefferson County Medical Society, of Alabama, held its annual meeting at Birmingham, December 21, and elected the following officers: President, Dr. George W. Brown, of Pratt City; Vice-President, Dr. E. S. Casey; Secretary and Treasurer, Dr. Charles E. Dawman; Censor, Dr. T. D. Park.

The Jackson County Medical Society, of Tennessee, has elected the following officers: President, Dr. J. W. Boggess; Vice-President, Dr. W. C. Maples; Secretary and Treasurer, Dr. Edward Boyd; Censor, Dr. S. H. Jones.

Marriages.

Dr. Hampden Aufie Burke, a prominent member of the Petersburg Medical faculty, of Petersburg, Va., and Miss Ethel May Francis of the same city, were married on January 6th at St. Joseph's Catholic Church in Petersburg.

Dr. Burke is a graduate of the Medical College of Virginia, class of 1907, and ex-Resident Physician at St. Vincent's Hospital, Norfolk, Va. He is a member of the American Medical Association, and the Virginia State Medical Society. He is a physician of great prominence in his State, as well as in the city of Petersburg.

Dr. Richard Saunders Martin and Miss Jean Perkins, both of Stuart, Va., were married at the home of the bride's father, Mr. J. F. Perkins, on Wednesday morning, January 12th.

Dr. Martin graduated from the College of Physicians and Surgeons, Baltimore, in 1881, and since that time he has been a very successful practitioner of Stuart.

Deaths.

Dr. W. Lee, one of Abbeville, Alabama's, most prominent citizens, died January 13th. His death came as a surprise to his friends. He had lived in Abbeville for about thirty years, during which time he had enjoyed a large and lucrative practice, and had for a number of years been recognized as one of the foremost physicians of southern Alabama.

Dr. Lee has been actively identified with the progress and development of Abbeville

and its surrounding territory. For a number of years he had been v ce-president of he First National Bank and was one of its leading stockholders.

He graduated in medicine at Tulane University at New Orleans and took a post-graduate course at Bellevue Hospital, New York.

Dr. Duke W. Goodman.—After a long illness Dr. Duke W. Goodman, who was a well known member of the United States Marine Hospital Service, died in Mobile, Ala., on January 10th. He was 56 years old, and a physician of prominence in the medical profession of his State.

He served the United States Marine Hospital at such prominent ports as Bluefields, Nicaragua, Port Limon, Costa Rica, and other places, and was a valuable man in that work.

Dr. Goodman was first educated at Towle's School in Mobile, and later graduated at the University of Virginia.

Dr. Edwin A. Harris died at his home in Midville, Ga., on January 11th. He was a very prominent practitioner, and a man who will be greatly missed in his community.

Dr. Harris graduated in medicine from the Atlanta Medical College in 1887.

Dr. W. L. Nolen, a prominent surgeon of Salem, Va., died suddenly there on January 1st, of heart failure. He was 44 years of age, and was well known in Tennessee, where he lived a number of years.

Dr. Nolen was a graduate of the New York University, class of 1891, after which he was, for a number of years, a surgeon in Erlanger Hospital. He was an ex-president of the Chattanooga Medical Society, and vice-president of the Tri-State Medical Society (Tenn., Ala., and Ga.). He was a very enthusiastic member of the Southern Surgical and Gynecological Association; American Medical Association; Tennessee State Medical Society, and also the Virginia State Medical Society.

Dr. H. W. McNatt.—After an illness of one week, Dr. H. W. McNatt died at his home in Maxton, N. C., on January 3rd. On account of his failing health he was compelled to retire from the practice of his profession several years ago.

Dr. McNatt graduated from the University of Maryland School of Medicine in 1881.

Dr. J. H. Marsh one of the leading physicians of Fayetteville, N. C , died there at St. Luke's, his own hospital, on January 2nd, after a violent illness of acute Bright's disease since December 24th, 1909. He was in his 45th year.

Dr. Marsh was born in Grays Creek township, Cumberland county, N. C. His eminent success in life was due mainly to untiring energy and native ability. During attendance at the common schools he took his first course in medicine under the late Dr. Smith, at St. Pauls, Robeson county, N. C. He graduated in medicine after a four years' course at Jefferson Medical College, Philadelphia, in 1889, since when he attended numerous special lectures and took post-graduate courses.

Dr. Marsh with Dr. J. F. Highsmith, established in Fayetteville the well-known Marsh-Highsmith hospital; withdrawing from which he founded and practically owned St. Luke's hospital. He was an ex-president of the Cumberland County Medical Society and for several years city superintendent of health. As a physician he was learned, aggressive and skilful; as a business man energetic, shrewd and able. He was a man of considerable wealth and at his death was president of the Lafayette Auditorium Company.

Dr. Marsh was a member of the Medical Society of North Carolina, having joined that organization in 1890. He received his license to practice medicine in North Carolina in 1889.

Dr. Adam Fleisher, a prominent young physician of Highland, Va., died at his father's home, near Meadow Dale, Va., on January 17th. He was a graduate of the University of Virginia, taking his degree in 1908, and had just begun his career as a practitioner.

Dr. A. C. North, one of the most prominent citizens of Coweta county, Georgia, died at his home in Newman on January 27th.

Dr. North was chief surgeon to the Seventh Georgia Regiment during the Civil War, and was a man of great success as a physician.

He graduated in medicine from the New York University, New York City, in 1860.

Dr. Raphael Owen Semmes, a prominent young physician of Rock West, Ala., died at his home on January 21st.

Dr. Semmes graduated at the Mobile Medical College, Mobile, Ala., in 1901.

Dr. Robert S. Beaseley, one of the oldest and best known physicians of Atandardsville, Va., died at his home in that city on the morning of January 18th. He was eighty-eight years old, and had practiced his profession very successfully until about

three years ago, at which time he was compelled to give up his work on account of his old age and failing health.

In 1842 Dr. Beasely graduated in medicine from Jefferson Medical College, Philadelphia, Pa.

Review of Southern Medical Literature

Virginia Medical Semi-Monthly, Nov. 13th, 1909.

Diseases of the Ear Complicating Measles and Scarlatina.—Dr. W. H. Wells says that the management of the local trouble should begin with the nose and throat. The throat should be sprayed several times daily with some antiseptic alkaline spray such as Dobell's. In the case of young children spraying the nose is often a difficult task to perform in a sactisfactory manner. The object desired we believe can be accomplished much better by the instillation of an oily liquid into the nose by means of an eye-dropper. We would recommend for this purpose the following formula:

℞	Aristol	grs. vj
	Menthol	grs. iij
	Camphor.	grs. ij
	Ol. amyg. dulc.	oz. j

The preparation should always be slightly warmed before using.

For the ears, if the inflammation has not reached the stage of exudation, and the drum appears to be only slightly hyperemic, and the deafness slight, we may content ourselves with the local use of warm glycerine, containing two to four per cent. each of carbolic and boric acid, dropped into the canal of the ear at more or less frequent intervals.

If, however, the otoscopic examination gives us reason to suspect the presence of fluid in the tympanic cavity, and especially if the tip of the mastoid appears a little tender on pressure, no time should be lost in making a free incision of the drum membrane.

The discharge having set in, whether spontaneously or artificially produced, the principle by which we are to be guided is that of the industrious removal from the auditory meatus of the secretion, as fast as it emanates from the middle ear. We do not care whether this be done by the dry or wet method, so it be well done. Our experience is that the dry method can not usually be carried out effectually, except by one accustomed to aural manipulations, and therefore we recommend irrigation as the more generally practical. Boric acid 2 to 4 per cent.; bichloride of mercury 1 to 2000; permanganate of potash 1 to 1000 are the solutions most serviceable. If the secretions are thick and adherent, a 50 per cent. solution of enzymol allowed to rest in the ear for fifteen minutes before the irrigation will prove helpful.

Pellagra.—Dr. R. Parker mentions Pseudo-Pellagra and says that of the many conditions that might be confounded with this term are: Simple solar erythemas, alcoholics with peripheral neuritis, cases of dementia, and general paralytics, though paresis does not present the characteristic skin and intestinal lesions of pellagra.

Prognosis.—The outlook is usually serious. A severe acute attack, in spite of treatment, runs a rapidly fatal course. Chronic cases of not more than one or two years' standing will, as a rule, respond to treatment for awhile. Authorities of other countries give as an average duration of the disease five years, though many cases continue for ten or fifteen years. In America the disease has not existed long enough to form an intelligent estimate. Dr. Wood mentions three years as the longest duration of the disease in his experience. One of the writer's cases gives a clear history of six years' standing.

The American Practitioner and News, Nov , 1909.

Chronic Nasopharyngitis with Elongated Uvula.—Dr. G. H. Robertson believes that careful observation will show in all cases where the uvula is enlarged, thickened, or elongated, that there are changes and thickenings at the base of the uvula too. In every case it will be found that in the post-nasal space there is an old adenoid stump inflamed, or a focus of infection in the pharyngeal vault; and disordered circulation, with infiltration, as a result. The swollen, enlarged uvula is not diseased; it is but a simple and mechanical evidence of this interference with the normal circulation high up in the nasal pharynx, and the impeded returning blood-stream finds no easy outlet, and the weight and the bulk together produce the change in size. If we cut off the uvula, we deplete the congested area by the hemorrhage. We set up irritation at a new point, stimulate an increased amount of blood to the parts, and start the secretions by unusual stimulation. This great increase of new blood rushing into a district where chronic congestion had been the daily condition, washes out old infiltrations and celluar deposits, and such a housecleaning is bound to improve, temporarily at least, the patient's general condition.

Gulf States Journal of Medicine and Surgery, November, 1909.

Surgery of the Spinal Cord.—Dr. C. Hutchinson points out that of the operative

procedures for Spina Bifeda the most accepted is to treat the tumor as a true hernial sac. Open the sac to see if it contains nerves, and if so dissect them away from the sac wall and restore them to the spinal canal; then ligate sac and cut away redundent portion. An enlargement of the sac may be necessary for reduction. Many methods for the closure of the fenestrum have been suggested; if any foreign substance be used, a very fine silver wire filligre seems preferable as it acts as scaffold for granulations.

Septic meningitis has proved the greatest foe to the operative procedure, being responsible for about 20 per cent. of the deaths in those cases that failed.

In many cases operation may be positively contraindicated. For instance, those cases complicated by marked paralysis, prominent hydrocephalus, or where there is true cystic enlargement of the central spinal canal.

In these cases we have left only the palliative measures, which are mainly directed toward preventing ulceration and rupture. To this end employ adhesive strips to assure certain pressure. The most prominent operators have discarded puncture and the injection of any chemical.

The Acute Abdominal Surgical Complications of Typhoid Fever.—Dr. C. P. Rogers says that the abdominal complication of typhoid fever which the surgeon sees oftenest is perforation of the bowel.

In addition to perforation, a number of complications occasionally arise which may require surgical relief:

1. Appendicitis.
2. Cholecystitis.
3. Peritonitis from other causes than perforation.
4. Enlargement, suppuration, and abscess of the mesenteric glands.
5. Thrombosis or phlebitis of the iliac veins.
6. Strangulated rupture, volvulus, and intussusception.
7. Extrauterine pregnancy.
8. Rupture or hæmorrhagic infarct of the spleen.
9. Liver abscess.

Perforation of the Bowel.—This complication kills one-fourth of the people who die of typhoid fever. Upwards of five thousand deaths occur in the United States annually from perforation of the bowel. The difficulties of diagnosing perforation in patients who are treated at home are greater than the hospital treated cases, and the handicap in the race against time is so much greater when operation must be done in a private house, that we can hardly hope to save more than 25 per cent. of the perforated cases by operation under improvised conditions. Typhoid is, therefore, coming to be regarded as a surgical disease, best treated in a well equipped hospital. Here, with prompt co-operation between physician and surgeon, we ought to save one-half of the perforated cases, thereby tremendously lowering the typhoid death rate.

"Neuro-Physiology of Digestion."—Dr. C. Thorington after reviewing the subject thoroughly says if evolution has brought man to his present state of perfection, it failed to endow him with the power of maintaining an unchanged anatomy in the presence of advancing civilization, for who among us can have ordered killed the "fatted calf" and feast upon it within the same day? It is because of a lack of these digestive problems that we see evolution working in an opposite way, leaving man with only rudiments, such as the appendix, and wisdom teeth, and to still conform to the advancement of civilization the superior lateral incisors are gradually being crowded out as an unnecessary anatomical asset.

The Southern Practitioner, November, 1909.

Burns and Scalds.—Dr. D. Eve gives the following:

The Local Treatment of Burns of the First Degree.—The chief trouble complained of is the sensation of heat and burning in the part. There are many treatments for burns, magnesium sulphate, 2 to 6 drams to the pint of water, has given the author most excellent results.

Burns of second degree are to be regarded as open wounds, therefore antiseptic means are necessary. The surface of the blebs should be cleansed with benzine, then with green soap, then sponge over with some mild antiseptic solution, and finally wipe over with alcohol, then the bleb should be punctured at the most dependent spot and the contents let out. The epidermis, however, should not be clipped away, and the incision in the blister should only be sufficient to allow the fluid to escape. You should not make the opening too large, because the epidermis is apt to peel off, which would cause a good deal of pain, and retard the healing. Now, the dressing should be the same as of burns of first degree, viz.; solution of magnesium sulphate, with gauze, cotton and bandage. In the subsequent treatment burns should not be dressed too often on account of the associated pain. Dress them every third, fourth or fifth day. If the burn of the second degree is extensive and you have shock, then treat the shock by the usual remedies.

New Orleans Medical and Surgical Journal, November, 1909.

Abdominal Pain.—Dr. J. T. Halsey quotes Lennander as follows:

1st. Pain does not originate in abdominal organs.

2nd. All abdominal pain originates in the abdominal wall, especially in the parietal peritoneum and subserous connective tissue.

3rd. Every stretching of the parietal attachments (mesentery or adhesion) of the abdominal viscera is very painful.

4th. The same for displacement or stretching of the parietal peritoneum and subserous layer in relation to the muscles or aponeuroses of the abdominal wall.

5th. Most lesions causing obstruction are attended at first by violent and irregular peristalsis.

6th. Many chemical substances, i. e., stomach contents, feces, pus, bile, or urine, cause pain if they come in contact with the parietal peritoneum.

7th. All peritoneal inflammation, even that of slight lymphadenitis, or the so-called "peritoneal irritation," increases sensitiveness of the parietal peritoneum and its subserous layer.

8th. The sensitiveness of the parietal peritoneum increases with an inflammation up to a certain degree and then diminishes and may even disappear.

In this general trend these views of Lennander were shared by many, perhaps by the majority of surgeons, and others, especially by those with extensive experience in abdominal operations conducted under local anesthesia. Further the well known observations of the lack of pain in many cases after abdominal injuries (where there was no shock) and such observations as that of a dog eating its own protruding intestine seemed to confirm the view that the abdominal viscera were insensitive.

The Hyperacid Stomach.—Dr. S. K. Seinon says that aside from the question of diet, which should be bland, so as not to excite the glands to excessive secretion or irritate the sensitive naked mucosa, comes up the matter of drug therapy.

Six years ago. Cohnheim recommended olive oil in the treatment of hyperacidity, advancing the idea that the oil would tend to inhibit the excessive hydrochloric acid secretion. This it very probably does, but above and beyond this effect the beneficial action of the oil can be ascribed largely to its physical qualities as a protective agent to the stomach mucous membrane.

It replaces, in fact, in great part the deficient mucus.

The well known action of the insoluble bismuth preparations in diffusing themselves as a mantle over the gastro-intestinal mucosa, will probably explain the extensive and well founded employment of bismuth subnitrate or subcarbonate in hyperacidity.

The drug which has given me the most satisfaction in the treatment of the hyperacid stomach, however, is nitrate of silver. The action of the silver nitrate in this condition is probably two-fold.

Its caustic properties will tend to anargetize the irritable, sensitive stomach surface, while its well-known effect in stimulating mucous secretion would finally remove the missing factor which causes the suffering of the hyperacid patient.

Treatment of Syphilis by Mercurial Inhalations in a Proper Hot Room.—Dr. S. Schivo thus describes the original Campailla's hot room built of wood, in the shape of a cistern, thickly plaster-coated outside, with a stone bottom or floor, having a capacity of about 700 liters, about 200 gallons, with a small front door to allow the passage of a man. The heating of this primitive apparatus is obtained by burning charcoal in a suitable brazier, which is withdrawn from the room as soon as 180° F. are reached; the door is kept open a few minutes in order to ventilate the inside air and have the products of combustion expelled.

Then the patient is seated on a chair in the apparatus, a small brazier with well-burning charcoal is placed near him, where he spreads, little by little, the medicated powder, composed of two grams red-sulphide of mercury and one gram incense. The small door is shut and after 15 minutes the patient is taken out, while he is profusely perspiring, and brought to bed to continue the diaphoresis.

Ten or twelve of such inhalations, given generally every other day, represent in Modica a complete treatment. Though the method is carried out with insufficient control and precaution, still no fatalities or serious accidents have been recorded, while numberless are the favorable results obtained even in very obstinate cases of syphilis, rebellious to all other methods in use.

Gaillard's Southern Medicine, November, 1909.

Anaesthetics in Hospitals and Private Practice.—Dr. J. T. Gwathmey believes that over 90 per cent. of the fatalities with chloroform have occurred during the first fifteen minutes of administration, and a large majority of these patients have been in robust health, with absolutely no pathological lesion, and possibly requiring only a slight operation. Again, more than three times as many men have died as women.

When the element of fear is present, chloroform as a preliminary anæsthetic is contraindicated. We also know that over 2 per cent. of chloroform is dangerous to life. But chloroform for certain patients and under certain conditions is by far the safest anæsthetic we can use. Chloroform is especially indicated when the patient is in the Trendelenburg posture, the circulation being fully sustained in this position and a fatality being almost impossible.

Oxygen administered with warm chloroform, either by the closed or open method, doubles its value as regards life, and given in this way is as safe as ether and air. Chloroform should usually be avoided as a preliminary anæsthetic, but if used in this way it should be preceded by a few drops of cologne on the mask to reassure the patient and disguise the odor, so that the anæsthetic is not recognized when given.

Virginia Medical Semi-Monthly, Nov. 26th, 1909.

The Heart in Acute Infectious Diseases.—Dr. H. G. Brown says that in diphtheria the heart muscle undergoes degeneration; pericarditis and endocarditis are unusual. The clinical signs may be summarized by saying that heart murmurs may be heard at the base, systolic in time, and that this is not serious; that rapid heart action with gallop rhythm and sudden drop of pulse from 110 to 40 per minute are ominous signs. Sudden death may occur after cessation of active disease. In some cases after serum injection sudden death may occur. In scarlet fever endocarditis is more common and may be marked by systolic murmur; although there may be systolic murmur without true endocarditis. The chief harmful effect is upon the myocardium as in the other infectious diseases. The striking cardiac element in this syndrome is an accelerated pulse to a degree out of proportion to the amount of fever present. This may be explained by the myocarditis in part, but some observers consider the paralyzing effect of the toxin upon the vagus the cause of this sign. The dangers in this infection from sudden death are not as great as in diphtheria. In influenza attention should be constantly upon the heart, as this organ is the site of more or less morbid phenomena.

Atlanta Journal-Record of Medicine, November, 1909.

Etiology of Pellagra.—Dr. R. T. Dorsey summarizes as follows; As a result of my reading and a clinical experience with 28 cases, my belief as to the cause of pellagra is, That corn must have some vital connection with the disease; That it is the most important, *but not the sole* medium of the active principle; That the immediate cause is probably a specific germ as yet unisolated, unless it be the strepto bacillus is finally proven up; That it is not contagious.

The Plea of Insanity and Some Pointed Tests.—Dr. J. C. King says that the violent excitement, the loud shouts, the incoherent speech, the strong struggles and convulsive movements of paroxysms, cannot be supported for any length of time. The real maniac will continue without sleep for days and even weeks, but the impostor can scarcely keep awake beyond one or two days, and an injection of morphia or a dose of opium would produce no effect on the maniac, but would produce sleep on the malingerer. The same remarks apply to other remedies, such as emetics and purgatives. The madman will go without food for days with little loss of strength.

In addition to the physical signs of mania, it may be added that the impostor overacts his part, when he is watched; that instead of becoming more quiet and reserved on the approach of the physician, his violence increases; that he assumes a want of intelligence instead of that perversion of reason so characteristic of the real affection; that instead of concealing, he obtrudes his thoughts; that he pretends a defect of memory and apprehension which does not belong to real insanity; gives false answers to questions, and affects not to recognize persons whom he knows.

That perversion of the moral feelings which causes the madman to dislike every person to whom he was previously attached, being a symptom little known to the vulgar, is not assumed by the impostor.

One special test is to repeat to the suspected person a series of ideas recently uttered, when the real maniac will introduce new ideas, but the impostor will repeat the words.

Richmond Journal of Practice, August, 1909.

The Serum Treatment of Epedemic Cerebro-Spinal Meningitis.—By Dr. C. H. Dunn.

Richmond Journal of Practice, October, 1909.

Modern Journal of Digestive Tract.—By Dr. J. B. Deaver.

Flat-Foot and Treatment.—Dr. I. Toepal concludes by emphasizing the following: Flat-foot in its surgical sense is a compound deformity, in which the abnormal relation between the foot and the leg, causing the improper distribution of the weight and the strain and disuse of normal function, is of vastly greater importance than the de-

pression of the arch which has given the name to the disability.

The weak and deformed foot can be cured, but only by the application of the simple principles that any mechanic would apply to a disabled machine whose structure and use were known to him. In other words, there can be no permanent cure of weakness and deformity unless normal function is regained, or unless effective treatment has this end in view.

The exercise treatment of weak and improperly used feet is admitted by all to be rational and desirable. The plate that supports the foot must be an accurately shaped brace, made from a cast, and this should never be left to the fitter at the shoe store. Severe operations should be resorted to only when milder measures, after due trial, have failed, for comparative relief will, in the great majority of cases, be obtained by the milder remedies in about six or eight weeks, whereas several months are required after any cutting operation upon the tarsal bones before the foot may with impunity be freely exercised.

The Southern Clinic.

The Lost Art of Blood-Letting.—By Dr. R. L. Hinton.

The Texas Medical News, November, 1909.

The Importance of the Early Recognition and Treatment of Glaucoma.—Dr. D. T. Atkinson points out that in glaucoma the iris is pushed forward sometimes almost obliterating the anterior chambers. This occurs in no other acute eye disease. The pupil is contracted in iritis in conjunctivitis is not affected, and in glaucoma it is dilated. A good point in diagnosis lies in the unsensitiveness of the cornea. In nearly all cases it can be touched without the least sensation being produced. In no other condition where some form of paralysis does not exist is this symptom found. The cornea has a steamy appearance and resembles glass that has been breathed upon. In iritis the cornea is sometimes hazy, but this haziness is due to its posterior surface being studded with deposits. This can easily be differentiated if the examination is made under a reflected light. The appearances of the cornea in the two conditions are never alike. There is usually profuse lacrymation, but the secretions of the eye are clear and cause no gluing together of the lids in the morning as is the case in conjunctivitis. The injection in glaucoma is generally distributed over all the globe, but it is superficial. In iritis it is pericorneal and has a purplish hue.

In addition to these points in diagnosis it is well to remember that in glaucoma and iritis one eye only is affected as a rule, and in conjunctivitis both eyes are almost always attacked simultaneously.

The Gall-Bladder.—Dr. H. B. Small believes that the position of the lymphatic glands along the bile tract is a matter of some importance. Quenu describes two constant glands, one on the outside of the common duct at its commencement, and the other a little higher up in the angle between the cystic and hepatic ducts. These glands by becoming enlarged may cause obstruction to the free passage of bile and produce all the symptoms of gall-stone colic and they may even mislead the operator into believing that a stone is surely present, either in the cystic or common duct, or in both. This condition may be relieved by extirpating the gland or by drainage of the sac as in other conditions causing obstruction. It is a well established fact that a diseased gall-bladder may be the seat of most violent paroxysms where no gall-stones exist, but a persistent obstruction in the presence of infectious material and in such cases as well as where gall-stones are present, an early operation should be advised.

Cycle Albuminuria.—Dr. J. M. Pace says that cycle albuminuria is a form of albuminuria where there is no other symptom of disease and is most frequently seen in boys from five to fifteen years, and sometimes appears in adult life. As a rule albumin is absent in the early morning urine and recurs later in the day. It is probably due to fatigue, active exercise or indigestion. These patients are usually large eaters. There are no symptoms and the condition is usually discovered by accident. The diagnosis is not usually difficult. Absence of albumin in the morning urine, sometimes there is an absence of albumin for several days, to again make its appearance. No casts are to be found.

Southern Medicine and Surgery, October, 1909.

The Surgical Treatment of Hepatic Ascites.—Dr. W. L. Peple gives the following practical points:

1. That the operation should be done early.

2. That cases of enlarged livers give a more favorable prognosis than those in which the organ is contracted.

3. That a preliminary tapping, 12 to 14 hours before the operation, will make the work easier and less sloppy, and avoid the shock which sometimes follows the rapid evacuation of large quantities of fluid.

4. That if the operation is attempted at

all in the later stages of the disease, some simple plan, such as described by Narath, should be done with local anesthesia.

5. That abdominal drainage is unnecessary, but mopping the cavity thoroughly dry is very important.

6. That the patient be cautioned against the wearing of tight bands or belts about the waist after leaving the hospital, lest the superficial anastomosis be interferred with, a point to be especially emphasized when the patient is a woman.

Observations on Certain Forms of Infantile Anemia in Relation to the Hygiene of the School.

Giudiceandrea, from his experience in inspecting certain private and public schools in Rome, deduces certain conclusions with reference to the causation of some forms of anemia found in school children. Certain forms of anemia are not caused by the usual well-known morbid states, congenital and acquired, but seem to bear a relation to the conditions of the home and school life of the child. Between the ages of six and fourteen years there is a true scholar's anemia, which, in predisposed children, is brought about by the unhygienic conditions found in schools, especially the badly regulated bodily exercise and mental discipline. The anemia of growth, generally considered to be due to the growth in length of the body, without an equal growth of the hematopoietic powers, has much to do in causation with the hygiene of the family and of the school. The inspection of schools can be such as to assist in preventing these conditions, and the physician can be of great use, but his position in this matter is one of some delicacy.—Il Policlinico.

The Relation Between near Work and Myopia.

Even if there are very marked exceptions, that there is some relationship between the increasing myopia and the habit of near work will not admit of denial, but the precise nature of the connection is not quite so evident. In search of the real explanation of this we must put aside one or more fanciful ideas which have no anatomical basis, and come first to that theory which finds in the continual action of the muscle of accommodation the origin of the elongation of the globe. It was formerly supposed that accommodation raised the internal tension of the eye, and that to this hypertonus the weak posterior part of the globe yielded gradually, but it is now quite clearly proved that accommodation does not raise the tension, therefore the theory based on that idea must be abandoned. And even if traction upon the choroid could increase the crescent, it could hardly cause the sclera to bulge backwards. Besides, when the myopia exceeds a very small amount, accommodation need no longer be employed, and yet the myopia goes on increasing. The theory can also be attacked from the side of clinical experience, for if it were true then correction of the myopia by lenses, the use of which necessitates active accommodation for near work, ought to cause increase of the myopia, which is contrary to experience. The theory dependent upon the over-action of the internal recti falls to the ground, for the obvious reasons, among others, that myopia is decidedly uncommon in persons suffering from convergent strabismus, and that it is not infrequent in patients with only one eye. Nor is there much to support the theory of the pressure upon the globe by the superior oblique muscle in a person with a low-roofed orbit.

Thorner (Berlin) has recently busied himself with this problem, and has put forward a new theory. In reading it is obviously necessary that the eyes should travel along the lines in minute jerky movements in order that the macula may have time to "catch" each letter or small group of letters before passing on to the next. Of this one is of course quite unconscious, but it is hard to see how this should not be so. According to Thorner seven of those jerks occur in one second of reading by a practiced "hand," or about 25,000 in an hour's reading. Each of those little jerks, says Thorner, must tell upon the posterior part of the globe, and though each individual jar may be of no importance, yet the cumulative effect of thousands gradually injures the globe. The evil of holding books too near to the eye and the advantage of greater separation is thus explained by Thorner. Each jerk corresponds to approximately six letters; if the book is held close to the eye the group occupies a great angular space than if the book is held further away; the effort is thus correspondingly greater, he jerk more severe, the momentum given to eye and optic nerve greater, and the deleterious effect itself more pronounced. Such employments as sewing have long been known to be less injurious than reading, although involving close application, because, according to our author, the movements executed are not so spasmodic but rather are continuous; the eye therefore is subjected to less jarring. The theory is certainly interesting, and no doubt helps to explain, even if it may not fully explain, the important and undeniable connection between long hours of reading and increasing myopia.—Klinische Monatsblatter fur Augenheilkunde.

Abstracts of the Leading articles of the month.

Tuberculosis in Nurslings.—Barbier (Ann. de Med. et Chir. Inf.) states that in nurslings who have tuberculosis it is usual to find a tuberculous heredity. The effect of this is dependent on which parent had the disease, and the extent and evolution of the disease at the time of conception and during pregnancy. It is certain that tuberculosis is a frequent cause of abortion, just as syphilis is, the infection of the ovum at conception causing the death of the fetus, and abortion in consequence. In hereditary tuberculosis we may have failure of nutrition without finding any characteristic lesion of tuberculosis at autopsy. In other cases the lesions do not vary at all from the typical tuberculosis of adults. There may be congestive pulmonary lesions, dyspepsias that are intractable, degenerations, or other atypical conditions, yet still caused by tuberculosis. In atypical tuberculosis the toxemic origin of the troubles from the mother is probable. Degeneration of the liver, which may be entirely fatty, is common. This is an excellent reason the obstinate dyspepsias that are seen in such children, with intolerance of milk and other foods, that are benefited by no change of diet, and end in death. Hepatization of the edges or posterior portions of the lungs may be found. Hypoplasia of the viscera, liver, kidneys, arteries, and heart may be seen. Such children are weak, meager, pale and cachetic; digestion and assimilation are at fault; oxidation fails; the toxicity of the urine is increased. They are especially liable to infections, and the secretions of skin and mucuous membranes are lessened. There are degenerative lesions of the viscera, and at the same time generalized tubercles throughout the body in the form of caseous masses, true tubercles, or gray granules are seen in the brain. The diagnosis of tuberculosis is very difficult, because no typical symptoms characterize the condition. The mortality from tuberculosis during the first year of life is very great. The pulmonary lesions are small, while the glandular ones are more important, many glands being caseous. There may be a tubercular bacilemia with septic fever, or a granular meningitis, or an acute bronchopneumonia. Chronic cases may be of an ulcerative type, with large or small cavities, resulting from caseation of tuberculous deposits of small size or of large masses of bronchopneumonic consolidation. They may also be of the sclerotic type with dilatation of bronchi, or there may be multiple cold abscesses.

Bearings of Pathology on Prevention, Diagnosis and Surgical Cure of Carcinoma of the Cervix.—Bonney, in The London Practitioner, says that, according to the returns of the Register-General, one in every eight women over the age of thirty-five years is fated to die of malignant disease of some kind. Carcinoma of the cervix will probably account for some 20 per cent. of those thus dying. Every parous woman over thirty years of age, who suffers from chronic cervicitis, carries about in her the potential antecedent of carcinoma of the cervix. The profession should impress upon married women that chronic leucorrheal discharges should be treated at once. In cases of advanced cervicitis, the best treatment, in the patient's interest, is to amputate the vaginal cervix.

There is only one absolute test for carcinoma of the cervix in its initial stage—a thorough microscopical examination of a number of serial sections of the suspected tissue. A single section may be sufficient, but at times is worse than useless. In all cases in which the clinical signs point strongly to incipient malignancy, it is wiser to excise the vaginal cervix, even though the sections examined have proven negative.

The two common clinical forms of carcinoma of the cervix are the massive excrescence and the deep rugged-sided excavation. These are easily recognized. There are two other forms, however, in which the diagnosis is much more difficult. The first of these is that where, in spite of an extensive growth producing great hypertrophy of the cervix, the mucosa covering its vaginal aspect is continued up to the very edge of the external os as an unbroken layer. The appearance of such a cervix, even when looked at under an anesthetic, and with the vaginal vault well exposed, may be almost normal. The second type is that in which the vagina is aged and shrunken, and at the top of it, a small depression occupies the place of the vaginal cervix—a common feature in advanced senile atrophy of the genital canal. Blood is seen oozing from a small aperture in the apex of this depression, but no feel or appearance of growth is manifest. For the complete removal of a malignant growth extending both by lymphatic permeation and tissue infiltration, pathology demands an excision so planned that the line of incision should be well outside the macroscopic edge in the regions where growth by infiltration is occurring, while in the regions of permeation it should extend sufficiently widely to embrace the whole lymphatic tract into the region of uninvolved glands. To fulfill these demands, Wertheim's operation or

some modification of it appears to be destined to become the only one practiced for the cure of carcinoma of the cervix. Its average mortality rate cannot be applied to individual cases. Given a comparatively early and clean case, it might be reduced to zero.

A New Posture in Obstetrics.—Samuel (Deutsche Medizinische Wochenschrift) says that there is probably no branch of medicine in which the familiar saying that "fools rush in where angels fear to tread" applies as it does in obstetrics, particularly when the "fool" is armed with a new pair of Simpson forceps. The introduction of forceps into midwifery was certainly a great advance in that science, and their use when actually indicated is a great boon to the woman in labor. It is, however, a good rule never to apply instruments while there is a reasonable hope of a spontaneous delivery and the condition of the mother and child is good. When the head is low down, as long as there is any advance, be it ever so slight, it is far safer to allow nature to take its course. There are, however, certain ways in which nature may be aided without in any way adding to the danger of the patient, one of the most important of which is posture. Samuel offers a suggestion as to posture which he believes aids greatly in hastening the later stage of labor, when the head has passed the pelvic brim, and the inferior strait is causing the dystocia. Drawing an analogy from the Walcher position, in which by hanging the thighs over the edge of the bed or table, and thus hyperextending the hips, the diameter of the pelvic inlet is increased at the expense of the outlet, thus enabling the head to engage more easily, the author argues that, when the head has once passed this point and the pelvic outlet is causing the trouble, the opposite posture, flexion of the thighs, will increase the outlet at the expense of the inlet. The writer advocates in all cases where there is any delay, after the head has reached the floor of the pelvis, that the thighs be flexed and the legs held in the patient's hands, the knees also being flexed. By this process the author says that the pelvic outlet is widened, the woman is better able to use her pains, and that the pains themselves are less agonizing. He has made use of the posture in a large number of cases, and believes it to be of considerable value in hastening and easing labor and in preventing the necessity of applying forceps to the head in the outlet. If such a simple procedure really does save the necessity of applying forceps with their ever-present danger to the mother and child, it may prove a valuable addition to the armamentarium of the conservative obstetrician.

The Pathologic Physiology of Diphtheritic Paralysis.—Guillain and Laroche (La Bulletin Medical) state that it has been shown by clinical observation, and experimentation, that diphtheritic paralysis, in the majority of cases, are connected with the place where the toxin is formed, and that the nervous centres are reached through a process of ascending toxic neuritis. Pathologico-anatomical research, even with the assistance of modern methods of investigation, has yielded no accurate information concerning the pathogenesis of paralysis in diphtheria. It therefore seemed to the authors that the pathological physiology of these paralyses should be approached by entirely different methods, which to the best of their knowledge have not yet been put into use. They recently had occasion to observe a patient 23 years of age, who as a sequel to diphtheritic angina, presented a complete paralysis of the velum of the palate, followed by acute bulbar symptoms which led to death. The cerebrospinal fluid showed no cellular reaction of any kind, and gave rise to no disturbances when inoculated into guinea-pigs, by the intracerebral route. Fragments of the bulb were taken from the level of the nuclei of the nerves, originating in this area of the neuraxon; the pieces were washed for 24 hours in running water, then rubbed up with physiological serum. The liquid obtained in this way was inoculated into guinea-pigs, by the intra-cerebral, intra-peritoneal, and subcutaneous routes; these animals died promptly, whereas the control animals, which had been inoculated under the same conditions, but from other regions of the neuraxon, presented no disturbances whatsoever. At the autopsy, the heart's blood of these animals was found to be sterile. These experiments prove that the bulb of this patient with bulbar paralysis contained a toxin which was not found to exist in other portions of the nervous system.

Another series of experiments served to show that the nervous substance, brought into contact with dilutions of diphtheritic toxin, fixes this toxin, so that even after 24 hours' rinsing, the inoculation of this nervous substance may cause paralysis and more or less rapid death of the animals. Still other experiments demonstrated that among the various substances of the nervous system, the lipoids were those showing the strongest power of fixation towards the diphtheritic toxin.

These facts are interesting from the point of view of the mechanical injurious action of microbic toxic bodies and moreover illustrated in a clearer way than the pathologico-

anatomical findings, the central origin of diphtheritic paralysis in man.

Industrial Eye Injuries.—Johnston (Ophthalmology) divides these injuries into four classes:

(1) Those occurring as the result of handling high explosives in mining and railroad construction.

(2) Those occurring from the bursting of locomotive oil and water gauges.

(3) Those occurring in mills, foundries, machine shops and the building trades.

(4) Those occurring in the agricultural pursuits.

In precaution he advocates:

(a) Government inspection of the manufacture of all explosives.

(b) Licensing of "foundermen."

(c) Protection of water and oil gauges by wire or plateglass screens.

(d) The placing of guards on all emery wheels, lathes, etc.

(e) Education of the laity as to the seriousness of even slight injuries when infected.

In all eye injuries the object should be to prevent infection. Too much stress cannot be placed upon the importance of a thorough cleansing of the eye at the first dressing.

The Treatment of Senile Dyspepsia.—Fenwick, in The London Medical Lancet, says that the treatment of this condition is essentially that of achylia gastrica and atrophy of the stomach. Mastication must be performed in an efficient manner, and new teeth should be inserted when necessary. The state of the mouth requires careful attention, and a wash composed of Condy's fluid, boric acid or other antiseptic should be employed after each meal. Special precautions must be taken to protect the patient from exposure to cold, and it is advisable that a woolen or flannel belt be worn next to the skin of the abdomen, both summer and winter. Fluids always increase the tendency to flatulence, and consequently beef tea, broths and soups should be avoided, and only a small quantity of hot water be allowed at the end of the principal meal. Tea always disagrees, and the various sweet preparations of cocoa are apt to excite gastric fermentation, but a palatable beverage may be prepared from the cocoa nibs or husks. Some individuals are able to take coffee without discomfort. The addition of a tablespoonful of brandy or whiskey to the hot water taken after meals is often of value in allaying the epigastric distension, but wines, malt liquors and effervescent drinks must be avoided. Raw milk should be prescribed with caution, and in most cases it requires to be diluted with lime water, mixed with citrate of sodium or peptonized, before the patient can digest it. The fact that subacidity always exists renders it necessary to restrict the diet to finely-minced white fish, chicken, game, brains, tripe, sweetbreads, calves' feet, eggs and scraped or pounded raw meat. Green vegetables and raw fruits always increase the indigestion, but cauliflower, seakale, stewed celery and asparagus may be given in moderation, or a baked apple may be taken with the midday meal. Toast is preferable to bread, while buns, cake and pastry must be prohibited. Fats may be allowed in mild cases, and codliver oil is often of much benefit, but in advanced cases fatty substances are apt to produce nausea and diarrhœa. The various digested and semi-digested cereal foods, maltine and sanatogen help to vary the diet, but barley, oatmeal and rice must be given with caution.

The main indications for medicinal treatment are to correct the subacidity and to relieve the flatulence and constipation. For deficient digestive power of the stomach it is customary to prescribe dilute hydrochloric acid after meals in combination with pepsin, papain or other artificial digestives, but when given in the ordinary way the mineral acid seldom produces any good effect, while pepsin and its allies are useless. A better plan is to administer 6 ounces or more of a 0.05 per cent. solution of hydrochloric acid, combined with one and a half drams of glycerine, twice a day after the principal meals. As a rule, the best aid to gastric digestion is to be found in the administration of lactic acid bacilli in the form of Metchnikoff's sour milk. If this is properly prepared and a tumblerful be taken with the meals each day, many of the dyspeptic phenomena vanish after about a fortnight, and the flatulence is greatly relieved.

Use of Sterilized Linen for Nursiings.—Edmond Weill (Lyon Med.) says that he has demonstrated the value of sterilized clothing against the infections that are liable to occur in an old and unhygienic institution, which, by long occupation, has become infected with various microorganisms. Such buildings have to be used in the Children's Clinic at the University of Lyon. Before the use of sterilized linen many of the little patients contracted streptococcus infections of the skin, and some died of them. Since he has made use of only sterilized clothing, these infections have become rare. The infections consisted of pemphigus and pyodermatitis of various forms. Children with varicella would be severely sick from a mixed infection.

Sterilized linen has a curative as well as prophylactic effect in these infants. Trial of series of children side by side in the same rooms was made, one series being arrayed in sterilized, another in simply washed garments. Those whose garments were merely laundered had dermatitis, while the others escaped. If the sterilized linen ceased to be used the previously healthy infants would be seized with dermatitis. In those cases already affected the use of sterilized clothing would bring about relief of the dermatitis in twenty-four hours. Bacteriological examination of linen that was simply laundered showed many colonies of streptococci and staphylococci. Since these experiences the author has all the clothing sterilized in bags in which it remains until it is to be used.

Questions to Be Considered in the Febrile Movement in Phthisis.—Pearson (The London Medical Lancet) gives the following points:

If there is a persistent febrile movement, these possibilities should be considered:

1. Is there any other morbid condition preventing the temperature from dropping? By far the commonest cause of fever when pulmonary tuberculosis exists is the pulmonary tuberculosis. Even when tuberculosis of some other system is present it is much commoner for the lung disease to be that which is producing fever. Occasionally, however, slight persistent rise of temperature in a consumptive may be caused by a tuberculosis of some organ other than the lungs, and yet obvious symptoms and signs of this affection are absent; hence it may be overlooked. In this connection care should be given not to overlook an early tuberculous affection in the genito-urinary tract.

2. Is the rest strict enough? Under this head, in the case of a patient being treated at home, very often talking to relatives and friends, or the excitement of receiving visitors is at the bottom of the obstinacy in the fever. Letter-writing sometimes, and even reading, has to be supervised and restricted.

3. Is the patient getting enough air? Sometimes it is found, as Dr. Burton-Fanning first pointed out, that the removal of a patient into freer air will materially help the reduction of fever.

4. Are you giving enough encouragement to the patient? A constant stream of encouragement does more than anything else, next to the cardinal principles of treatment, in helping the patient to make good progress. Very occasionally, for this reason, a relaxation of strict rest in bed may be necessary.

5. Is there anything on the patient's mind? It is astonishing what small matters will interfere with the progress of a patient, and sometimes a mental worry, which you do not suspect in the least because it is about a trivial matter, may be interfering with the progress.

6. Would a change do good? It is often found that if one can in any way give the patient a fresh start by changing the room or instituting some slight addition or modification of the treatment, a period of more rapid and surer progress towards recovery is inaugurated. The author believes that the removal to fresher air, such as from a room to a chalet or open-air shelter for both night and day, or the starting of a course of tuberculin, acts partly in this way. The patient feels something more is being done, and if he is persuaded to have a more abounding faith, the added modification in his *regime* will encourage him and tell in his favor. In this connection it should be mentioned that it is frequently well to recommend complete change of environment. In the case of sanatorium patients a move to another sanatorium or a visit home may be advisable.

7. Has the time arrived when exercise might be tried? Very occasionally a cautious beginning in this direction aids the reduction of the fever. But experience and experiment show that the error of starting too soon is far commoner than the converse. In lieu of exercise sometimes a little gentle massage is useful.

8. Is the thermometer at fault?

9. Is the patient practicing deceit?

Determination of the Functional Condition of the Pancreas.—Fedeli and Romanelli (Rif. Med.) describe the following method for estimating the functional capacity of the pancreas: To 1 c.cm. of the saliva they add 5 c.cm. of gastric juice, or an equal quantity of 2.5 per cent. HCl, shake the mixture, and leave it at rest for half an hour, then add 4 c.cm. of a 1 per cent. solution of carbonate of soda, so as to render the mixture slightly alkaline. They next add 20 c.cm. of a 10 per cent. starch paste, and place the whole in thermostat at 37° C. for two hours, repeatedly shaking. They then estimate the amount of sugar formed. The next stage consists in adding to the above mixture 10 c.cm. of an aqueous solution (1 in 4) of feces, and leaving the whole in the oven for twelve hours and then estimating the sugar formed. The difference between the two estimations of sugar represents the degree of pancreatic function. To show that this was not due to other constituents of the feces, the authors tested with bile and succus entericus, and found that they gave negative results.

A series of thirty control estimations by Muller's method showed that the results of the two methods were practically the same in each case.

Non-Rheumatic Aortic Stenosis in Young Subjects.—Gallavardin (British Journal of Children's Diseases) has an original paper on this subject, in which he says that there exists in young subjects an aortic stenosis with marked physical signs, which does not exactly correspond with what is known of congenital stenosis and which is neither of arterial origin nor rheumatic in its nature. This kind of stenosis usually exists singly, and when it is accompanied by slight insufficiency it is always markedly predominant. Clinically it is characterized by a very prolonged tolerance; it may, however, be accompanied at a more advanced stage by functional symptoms and disturbances of compensation. In some cases development has been abnormal. The true nature of this affection is problematical. It may be that in some cases it is the result of a congenital lesion tardily developed; but in the majority of instances it appears more plausible to admit the existence of a lesion acquired and slowly developed in infancy or adolescence, of the nature of a subacute or chronic endocarditis, and due to a cause hitherto undefined. From this point of view it may be compared with the mitral stenosis in young subjects described by Duroziez.

Cancer in the Young.—Lindemann (Zeitschrift fur Krebsforschung) says that cancer is rather rare in youthful individuals, the most uncommon of all being the cancers of the digestive tract, of which no more than 23 authentic observations have been observed. He says: The patient was a young girl, 17 years of age, who suffered from a colloid cancer of the descending colon. The disease ran a very rapid course, and only two months elapsed between the appearance of the first symptoms and the patient's death. The initial disturbances consisted in ill-defined pains and constipation, followed by vomiting and an increase in size of the abdomen. At time of the patient's admission to the hospital the abdomen was much distended and tympanitic; no organ could be palpated. The diagnosis was intestinal occlusions. An operation was performed, but no obstacle to the passage of the intestinal contents was discovered. The entire length of the intestine was explored without special findings; the pelvic colon was distended and contained hard masses, apparently scybala. The patient died 48 hours after the operation, and the autopsy showed the presence of an annular cancer, situated at the level of the inferior portion of the descending colon, immediately below the origin of the sigmoid flexure. The lumen of the stricture admitted the little finger. The histological examination showed the existence of a very circumscribed colloid epithelioma.

Rectal and Vaginal Use of Fibrolysin.—Mendel (Muench. med. Woch.) states that fibrolysin can only be given into the veins, subcutaneous tissue, or muscles. H. Althoff has, however, obtained a decidedly beneficial action by rectal administration. The patient suffered from arthritis deformans of the right hip. A vial of fibrolysin solution was injected into the rectum, and in two to three minutes after the patient noticed the characteristic taste of garlic. At night there was a slight chill, followed by fever, headache, and nausea. Two weeks later a second injection was given, followed by the same reaction. Six weeks later there was decided improvement, so that the rectal use of fibrolysin was continued (one vial every week, diluted in 40 cc. of water). At present the patient has only slight pain and can walk for hours.

In a second case there was a fixed retroflexion of the womb after a difficult confinement. Two or three times weekly vaginal tampons were inserted, saturated with the following solution: Ichthyol, 5 gm.; glycerin, ad 50 gm.—plus the contents of two vials of fibrolysin. After six weeks the uterus was perfectly movable. It is difficult to decide here whether the ichthyol or the fibrolysin produced the desired result.

The Action of Stovain Upon the Organs of Taste, Smell and Hearing, and on the Cutaneous Sensations.—Ponzo, in the Archiv. fur die gesammte Psychologie, states his investigatiou as follows:

1. Stovain produces local anesthesia for common salt and quinin sulphate, by its peripheral action. It produces hyperesthesia for common salt by its central action the last named effect apparently not existing for the remaining gustatory sensations. Cocain, through its influence upon the brain, produces hyperesthesia for quinin and cane-sugar. These facts point to an elective central action of anesthetic agents, and suggest that there exist special centres in the brain for the individual qualities of sensation.

2. Stovain produces local anesthesia for tactile stimuli as well as painful and cold stimuli, by its peripheal action. Its influence upon the brain results in hyperesthesia for tactile impressions, as shown at the present stage of the observations. Whether or not the same hyperesthesia ex-

ists for thermic and painful stimuli, remains to be determined by future investigators.

3. Stovain produces local anosmia, for rubber and other olfactory substances, by its peripheral action. It produces hyperosmia by its central action.

4. Stovain produces an increase of the auditory acuity by its central action. In view of the impossibility of directly reaching the end-organs of the auditory apparatus with an anesthetic the author had to limit his research in this direction to the injection of solutions under the skin, and a comparison of the resulting changes with the normal condition. The measurements were taken by means of Gradenigo's method, according to which the time is determined during which the vibrations of a tuning-fork are heard by the ear.

The Clinical Significance of Albuminuria.—Tirard (London Medical Lancet) says that the chief difficulty connected with cases of albuminuria is not concerned with the detection of minute traces, but with the significance of the albuminuria. The quantity of albumin is often an insignificant factor, but other factors, such as the quantity of urine excreted in 24 hours, the color, specific gravity, presence of other constituents must be taken into the account. General symptoms may be present or absent. Mere febrile albuminuria never appears to be associated with any grave interference with the renal function. Similarly albuminuria rarely causes any anxiety in patients who are suffering from disease involving retardation of the blood flow in the renal capillaries. The problem is a more difficult one in cases of albuminuria in connection with obvious heart lesions. Here the quality of the pulse and the presence even of the slightest amount of edema must be taken into account. Some of the most serious forms of albuminuria may be those in which the detection of the condition may be at times extremely difficult. Attention must also be paid to the time of voiding the specimen in relation to the ingestion of liquids, the permanent nature of a high or low specific gravity and the possibility of some disturbing factor, such as a diarrhea, recent violent exercise with profuse perspiration, and even excessive nervousness at the mere facts of examination. The presence of casts may be of assistance provided that too much importance is not attached to a few hyaline casts. Such casts are likely to be present whenever albumin is found in acid urine. Their absence can hardly be looked upon as a proof of the non-existence of possibly serious structural renal changes. In those who have been long addicted to athletics, albuminuria is often found, with or without cardiac abnormalities. Here the question must be decided between cause and effect on one hand and the reference of both to a common cause on the other. Indications of arterial rigidity are not much value in the separation of functional from organic forms of albuminuria. The author summarizes his conclusions by saying that a large amount of albumin, without blood or pus may generally be taken to indicate chronic tubal nephritis, and this can be confirmed by a high specific gravity, by microscopical examination, and by the appearance of the patient. A very small trace in an elderly or middle-aged man will probably indicate chronic interstitial nephritis; confirmatory evidence can be found in the aspect, the history, the pulse tension and tracing, the outward displacement of the cardiac impulse, the accentuation of the systolic apical sound, and the accentuation and reduplication of the second sound at the base of the heart. These indications may be further supported in some cases by the pale color and low specific gravity of the urine; less frequently information may be gathered from the presence of casts and from their predominant characteristics. The absence of casts is not, however, to be regarded as an indication that the case is not one of chronic interstitial nephritis. In a young man a mere trace of albumin may be the only evidence of a functional albuminuria, and the diagnosis must then rest upon negative evidence to a large extent, one of the most important factors being the relatively high specific gravity, unless this has been influenced by nervousness or by the recent consumption of a large quantity of liquid. With the same limitations the deep color of the urine will lend confirmatory evidence.

Value of the Wassermann Reaction.—Collins and Sachs (American Journal Medical Sciences) observe from a study of thirty-six cases of cardiac and vascular disease that the importance of syphilis as a causative factor is established in a very large percentage of all the cases. The highest percentage was obtained in cases of aneurysm, in which a positive Wassermann reaction was obtained in all of five cases. In the cases of aortic disease ten out of thirteen cases gave a strongly positive reaction; two gave a weak positive reaction. In marked contrast to this are the cases of diffuse chronic endocarditis affecting the mitral valve, in which only one of the seven cases gave a positive reaction. The inference is justified that rheumatic and other infectious agencies are a much more potent ætiological factor in diffuse

chronic endocarditis than is syphilis. Taking all these facts into consideration, there can be little doubt that when we have pronounced symptoms of aneurysm or aortic disease it is well to suspect syphilis, even though the manifestations may be latent. Citron is no doubt right in believing that syphilis is by far a commoner cause of aortic insufficiency than the history and the clinical findings would seem to suggest. Even in those cases in which articular rheumatism and other infectious agents may have played some sort of role, and in which metallic poison or abuse of alcohol or of nicotine are admitted, if a Wassermann reaction gives positive results, antisyphilitic treatment should be instituted, whatever else may have been discovered regarding the antecedent history of the patient. No doubt articular rheumatism and syphilis occur often enough in one and the same individual, and if the course of antisyphilitic treatment has been decided upon, we may at least ask that it be properly administered. The authors are in favor of the routine treatment by hypodermic injection of mercury. They leave the choice of a soluble or insoluble salt to the experiences or the prejudices of the individual practitioner. Their best results have been obtained by the use of deep sublimate injections. It may be argued that little is to be expected from antisyphilitic treatment in an advanced case of aortic insufficiency or of aneurysm. In some of their cases marked improvement in the cardiac and vascular symptoms has followed upon such treatment, but even if the vascular system should not improve upon the mercurial treatment, a positive Wassermann reaction would justify vigorous specific treatment for the purpose of preventing serious syphilitic involvement of other organs and systems of the body.

Infiltration Treatment of Sciatica.—Bum (Med. Klin.) describes carefully the technique of injecting large quantities of physiological salt solution containing eucain, 1 in 1,000, into the sheath of the sciatic nerve at the foramen ischiadicum majus in idiopathic sciatica and gives the following tabulated results in 274 patients thus treated. One hundred and sixty-nine, 61.7 per cent., cured; fifty-four, 19.7 per cent., improved; thirteen, 4.7 per cent., recurred; thirty-eight, 13.9 per cent., unimproved. Of these cases forty-six were subacute; of these twenty-four, 52.2 per cent., were cured; eleven, 23.9 per cent., were improved; three, 6.5 per cent., recurred; and eight, 17.4 per cent., were unimproved. Two hundred and twenty-eight were chronic cases; of these one hundred and forty-five, 63.5 per cent., were cured; forty-three, 19 per cent., improved; ten, 4.4 per cent., recurred; and thirty, 13.1 per cent., were unimproved. If the improved and the recurrent cases are classed with the unimproved the treatment resulted in the 274 cases is 169, 61.7 per cent , successes, and 105, 38.3 per cent., failures. The number of injections was one in twenty subacute, and 101 chronic cases, two in twenty-one subacute and 114 chronic, three in five subacute and nine chronic, and four in four chronic cases. The operation of injection or infiltration, must be performed with the most rigid antisepsis, and the author seems to think that the effect is produced by the bloodless solution of perineuritic adhesions to the sheath of the sciatic nerve, which is not always complete.

Cancer of the Female Breast.—Jackson (Medical Record) states that at least ninety to ninety-five per cent. of all tumors of the breast are malignant and no possible intelligence can determine which of the remaining ten per cent. will remain benign. There is no known cure for any tumor of the breast, benign or malignant, except through surgical removal. From twenty-five to fifty per cent. of cases of breast cancer are permanently cured by radical surgical removal. With early diagnosis this percentage could be raised to eighty per cent. Every tumor of the breast, therefore, should be considered malignant and treated as such at the very first moment of its detection, unless incision has proved it benign, in which instance local excision should at least be insisted upon. To trifle with tumors of the breast is, therefore, practically nothing short of criminal.

Narcosis with Artificially Reduced Circulation.—Hormann (Muench. Med. Woch.) finds that if the circulation is reduced by cutting off the portion in the lower limbs by means of Esmarch's bandage a smaller quantity of the anæsthetic, especially of chloroform, will be needed; that the waking from the narcosis will be notably quick; and that the cut off blood laden with carbonic acid can be utilized for the removal of the asphyxia. Contraindications to this measure are the presence of marked varicosities on the lower limbs and arteriosclerosis. Bad results have not yet been seen. The technique is very simple and can be readily employed by any physician.

Eclampsia.—Baumm (Med. Klin.) emphasizes the following points: The source of trouble should be removed as soon as possible; i.e., each patient should be delivered immediately after the first attack. Unfortunately this is not always possible, as

many women come under observation too late for an early delivery to be performed. The mortality after early delivery is given as 6.5 per cent., that after rapid delivery, that is delivery not in the beginning of the disease, but as soon as possible under the circumstances, 17.2 per cent., that after the expectant treatment 28.6 per cent. The poison collected in the body must be eliminated. After the removal of the source of trouble the danger is not over, as is shown by the occurrence of puerperal eclampsia. Hence it is needful to look carefully after the excretory organs, the kidneys, the skin, and the lungs. Diuretics that act through elevation of the blood pressure, such as caffeine, or digitalis, should be given first and then, if the effect is insufficient, diaphoresis should be added. Whether this should be combined with infusions of salt solution given per os, per anum, or subcutaneously, is uncertain as it remains questionable whether we thus attain in reality the intended washing out of the organism, but at any rate it can do little harm. The same cannot be said of pilocarpine. Decapsulation of the kidney is indicated only when the diuresis has fallen to a point that threatens danger and can be raised by no simpler means, for the renal lesion is only a local symptom of the eclampsia and treatment of the kidney is not directed toward the cause. As eclampsia is very probably due to a poisoning it should be considered how to make the poison harmless by an antibody. Another indication is the suppression of the convulsive attacks by means of morphine, chloroform, and chloral. Chloroform is generally considered harmful, while morphine is used to a considerable extent, though the author thinks it not only useless but dangerous. On the other hand, he considers chloral given per rectum to be harmless even in large doses. Finally the heart and lungs must be carefully watched from beginning to end. The heart should be supported with caffeine and camphor, and when necessary artificial respiration should be practiced for hours at a time with cold sponging in the intervals.

The Diagnosis of Ulcer of the Duodenum.—Codman, in the Boston Medical and Surgical Journal, gives a resume of extensive observations. He says that in the development of mammals the large intestine is swung across the small, thus necessarily the whole blood supply of the small intestine and most of the large must cross the small intestine. This crossing place occurs at the end of the duodenum beneath the superior mesenteric artery. But in horizontal quadrupeds no obstruction is produced at this point, while in vertical man a greater or less obstruction must necessarily be thus produced. As a result of this obstruction in man the secretions of pancreas and liver may at times be thrown backward on the first part of the duodenum, the first part of which is unfitted to withstand long continued action of these secretions, since its mucous membrane is histologically and developmentally different from the rest of the duodenum and is more closely allied to that of the stomach. The action of these caustic secretions on this unprepared mucous membrane may give rise to irritation accompanied by certain painful sensations, which may be felt in the epigastrium and attributed to the stomach. Long continued action of this kind may, under certain conditions, lead to erosion and even deep ulceration of the m cous membrane just below the pylorus. Such ulcerations, when they are close enough to the pylorus, lie in the folds of mucous membrane just outside it, and are comparable to fissures of the anus, and, like fissures of the anus, they are kept from healing by their relation to the sphincter. Clinically, hunger, pain, and dyspepsia are the primary symptoms of such ulcers or fissures, and certain other clinical phenomena are secondary symptoms. In the diagnosis of these cases mistakes are made by too great consideration of these secondary accidental symptoms and too little attention to the primary insignificant hunger pain and indigestion, and when these considerations are taken into account, the diagnosis is really not difficult in the advanced cases. Ulcer below the pylorus is more common than it is above, and in future we must make diagnoses of duodenal or possible gastric ulcer instead of the vice versa. Duodenal ulcer is nearly as common as acute appendicitis.

Indications for Immediately Opening the Abdomen in Acute Cases.—Spencer (Brit. Med. Jour.) speaks of conditions in men for which an immediate operation is required. 1. Hernia. Practically it is always advisable to operate on an irreducible femoral or umbilical hernia, and to do so immediately that it occasions vomiting, however slight. Pain and tenderness are further signs, but both may be absent until strangulation is far advanced. The inguinal hernia which should be operated on at once is that which comes down suddenly in a strong man and causes marked pain. There is the further reason for operating that the hernia may be cured. In a child, unless late of course, the application of an ice poultice almost invariably leads to the reduction of the hernia, and the question of operation may be postponed. In an old

man with an inguinal hernia of long standing, which has become irreducible, a hot bath should be given, with all watchfulness against faintness, after which a moderate application of taxis is indicated. But if taxis is not speedily successful an incision should be made without any further delay. 2. As to appendicular inflammation he says there is no medical treatment which can possibly have any influence upon the course of the disease. The communication with the cæcum has been shut off from the beginning; the communication with the circulation is simply through a small artery; the only conceivable medical treatment would be an antitoxine, and that could hardly reach such a secluded spot, even if one had an antitoxine of the kind which would neutralize the toxines. He is entirely in favor of operating as soon as the diagnosis is made, and of always removing the appendix. 3. An immediate operation is required in the case of acute gangrene of the gallbladder, or the patient will die. The attack is that of acute infective peritonitis below the ninth rib on the right side causing pain, rigidity, impaired resonance, and soon brawny induration of the abdominal wall. The temperature is likely to begin with a rise, even a rigor, but, as in other cases of gangrenous inflammation, the later tendency of the temperature is to fall. Moreover, if there is jaundice, and according to the extent of the jaundice, the pulse may be kept from increasing in rate until later than would accord with the amount of infective inflammation. If there is delay, there is a double chance against the patient, not only from the infective peritonitis, but also from the extension of the infective inflammation to the branches of the portal and hepatic vein and the inferior vena cava, and along the hepatic ducts into the liver. 4. A dangerous but rarer condition is that of acute pancreatic hæmorrhage and abscess, which may resemble either a duodenal perforation or gangrene of the gallbladder. If found, the only thing to do is to plug with gauze and end the operation as quickly as one can, for the cases are most fatal.

Paralysis of the Shoulder Muscles.—Katzenstein (Berl. Klin. Woch.) reports two cases in which he restored the functional use of the shoulder in paralysis of the trapezius or of the serratus by means of a plastic operation on the muscles. He lays down as the necessary conditions to success in such operations the following: 1, The muscle from which the power is to be taken must be partially or entirely dispensable; 2, it must lie near the paralyzed muscle; 3, its nerves and vessels must not be injured; 4, the direction of the fibres of the transplanted muscle must after transplantation be that of the fibres of the paralyzed muscle; 5, in paralysis of the shoulder muscles their complicated function must be borne in mind. The paralysis of the trapezius, which consists of three portions, and of the serratus anticus major, which has two functionally different parts, can be cured by operative measures only when a combined muscle transplantation is undertaken which rests on this physiological basis.

Relief of Headaches.—Mackay, in The London Practitioner, says that there is, unfortunately, nothing characteristic about headaches which may be relieved by correction of errors of refraction, either as to their position or their severity, or the time at which they occur. The headache may vary from a moderate frontal distress to violent explosions of pain, and may be situated in any portion of the cranium. Some points, however, may be noticed. There may, for example, be great discomfort when attempting to watch moving objects. In this connection, one has to remember what are called in America "theatre headaches," which come on after attending a play, or going through a picture gallery, or watching a cinematograph exhibition; and also the headaches which so many people suffer from at the end of a long railway journey, during which they have spent the time, which they did not give to reading, in looking out of the window. The pain may immediately follow the use of the eyes, or be delayed, or come on at a certain hour of the day, or even night. And the headaches which depend upon ocular errors are frequently not associated with the use of the eyes at all by the sufferers. Toms, who examined records of over twelve hundred patients, found "that one half . . . revealed ocular defects which were never surmised by the patients themselves, and many of them were exceedingly sceptical of the suspected cause, inasmuch as they could not directly attribute, subjectively, the cause to their eyes, their vision being apparently good for all distances and conditions of light or work." Many of the headaches are what are called "bilious" headaches; and hemicranias and migraine occasionally are dependent on refractive errors. Even though the headache does not develop until middle life, or even later, the eyes may still be the cause. The attitude of ophthalmologists toward the relief of headaches is that every case of headache which is not removed by other means should be suspected of refractive error, and that this suspicion should only be dismissed if refractive error is proved to be absent.

Doubtless, in many cases, the spectacles fail to relieve the headache; but this only indicates that other conditions may coexist with the error of refraction, and be of more importance in the causation of the trouble. A sufficient number of successful cases have been observed to encourage one in the expectation of relieving the headaches in this way. Of course, unsuccessful cases exist; but the patients of unsuccessful cases do not, as a rule, return to us—they try someone else; but if that someone else again examines the refraction, as he often does, and prescribes spectacles, and so relieves the headache, then the case becomes a successful one.

Diseases of Animals Communicable to Man.—Mettam (Dublin Jour. Med. Sci.) enumerates the diseases which are communicated or are transmitted from the lower animals to man: Tuberculosis, glaaders, rabies, anthrax, foot and mouth disease, various forms of suppuration, vaccinia or cowpox, doubtfully actinomycosis. Psittacosis—a disease of parrots—has been observed in man, in persons occupied in the rearing and training of parrots; the infection is well recognized in certain parts of France, in Paris especially. In addition to these we may enumerate various forms of ringworm. These diseases are all due to known causes, with the exception of rabies; the infecting agent is in the saliva and central nervous system, but has not been seen, if we except Negri's bodies as the cause. Foot and mouth disease is due to a filterable or ultramicroscopical virus, and so, perhaps, is variola. The ringworms are moulds—trichopytons, microsporous, or favus. In addition to these diseases we have certain ones due to the presence of animal parasites, which are directly the result of man's carnivorous habits, to the consumption of flesh containing parasites in a stage of their life's cycle, tapeworm and trichinosis. The author gives a review of the ætiology, diagnosis, prognosis, and treatment of these diseases.

Arteriosclerosis.—Brown (Jour. A. M. A.) summarizes the treatment of arteriosclerosis substantially as follows: In the early arterial stage a strict diet, regimen, and antitoxic treatment, consisting in elimination, intestinal disinfection, diaphoresis, and diuresis. When hypertension persists, the nitrites and iodides should be given, the latter in effective doses, and kept up for a given length of time. When the blood pressure has become lowered, the intoxication relieved, and kidneys act normally, and the symptoms of arterial spasm disappear, the patients may be considered cured, though a careful observance of the prophylactic regimen must still be kept up. In the cardioarterial stage, a permanent cure is not to be expected, but much can be done to relieve symptoms and to ward off a grave termination. Relief of symptoms, elimination of intoxicants and stimulation of kidney activity are the chief indications. This is accomplished by catharsis, followed by nitrites, spartein sulphate, etc. With the tension lower and the skin, bowels, and kidneys active, and diet carefully regulated, the use of nitroglycerin, erythrol, tetranitrate, potassium of sodium iodide, thyroid extract, and general medical supervision, the disease may be arrested and the serious accidents forestalled. In the myovalvular and cardiectatic stages, which merge into each other so as to form one continued progress to broken compensation, with dilatation of cardiac cavities and frequently orifices, lowered arterial tension, more or less visceral congestion and edema, and dropsy, are to be treated with the digitalis group, theobromin, interdiction of salt intake, restriction of diet to milk, and careful elimination of fluids. In these cases, often appearing hopeless, much can be done to restore the patient to modified activity, and the subject offers a field for the skill of the best powers of physicians.

A New Method of Treating Varicose Veins.—Katzenstein, in a contribution to La Semaine medicale, proposes a new method of surgical intervention for varicose veins by which he seeks to enclose the affected vein within the subjacent muscular tissue. He points out that the usual methods of operation—ligature of the saphenous vein or subcutaneous excision of the varicose veins—are not altogether satisfactory. They may fail in effecting a cure, and there is always the possible danger of pulmonary embolism in consequence of the induced thrombosis. The author bases his method upon physiological considerations. He argues that one of the chief propelling factors by which the blood returns to the heart from the lower limbs is the contraction of the muscles. The saphenous and other superficial veins are specially liable to become varicose, because the muscles work upon them only on one side, and they are only covered on the other side by fascia, which readily yields to the dilating pressure of the blood. Varicose veins are much more common in women from lack of exercise, resulting in deficient muscular tone. It is therefore with this view in mind that he proposes to enclose the veins within the muscular tissues of the thigh, and so effect a physiological cure, the contractions of the muscles thus helping to the fullest extent the return flow of the blood and supporting

the walls of the veins. In carrying out the operation, an incision is made over the varicose vein, which is isolated from the surrounding tissue. The aponeurosis is then incised and the muscular tissue divided in the direction of the fibres and the vein buried within it. The muscle is then closed again over the vein by a continuous catgut suture, and the aponeurosis and skin are then similarly sewn up. The operation has so far been carried out in six cases with satisfactory results. The author thinks that hæmorrhoids might be similarly treated by enclosing the affected veins within the fibres of the sphincter ani.

An Easy Method of Removing the Nail of the Great Toe by Compression.—Tytler, in the British Medical Journal, says that, in his opinion, the treatment of ingrown nail by the ordinary operation of erasion is undoubtedly a method of barbarism. There are many variations, and the author expresses himself as surprised that the following method has never been described. He reports his last case: A commercial traveler, aged about forty, had suffered for some months with ingrown nail of the great toe. On its inner side it was inflamed and suppurating. First of all he applied a compress of lead and opium for twenty-four hours. Then a tape was tied round the root of the toe till it produced intense congestion. Then he took a large Pean forceps with long parallel blades, and compressed the nail in the middle of the inner half with moderate firmness. A check as to the amount of compression can be introduced between the handles so as to prevent excessive pressure. Much less force is required than would be supposed. Then the toe was again wrapped in lead and opium lotion for three days. Then the inner part of the nail was found discolored and loose, so that it was easily removed with the scissors without any bleeding save a few drops from the root of the nail.

In all, he has removed the great toe-nail five times by this method. The force applied need not be great, and if it produces no result (which the author states he has never found) it can always be applied again. In one case a young lady applied the pressure herself, as she would not permit the author to do it, and it was successful. In another case, in which the toe was very inflamed and very tender, and the patient was afraid of the process, which the author had explained, he applied the blades very slightly, not expecting any result, but just to give him courage so that he could apply it more firmly next time. To his surprise the result was perfect. Previous to this the author had used much greater force.

Next, as to the place of application, it is better not too close to the edge of the nail. In his first attempts he applied it quite close to the edge, causing very free bleeding, and not producing a dark, contused appearance, but a thin white line along the compressed part. To give the best results the force, he finds, should be applied to the middle third of the half of the nail on the side affected. No anesthetic is necessary. Lead and opium lotion he found better than cocaine.

Bronchiectasis.—Hoppe-Seyler (Deut. Mediz. Wochenschr.) emphasizes the prophylaxis, especially in the aged and in cases of bronchitis. The secretions from the air-passages should be thoroughly evacuated. In the elderly this is made difficult by the reduced sensitiveness of the bronchi, the less elastic thorax and lungs and the weakness of the chest muscles. Such patients should use stimulant expectorants; should change their positions often, reclining at times horizontally or with the pelvis raised to promote expulsion of the sputum. Delaying resolution in pneumonia requires that patients should use breathing exercises and lie on the sound side to prevent consolidation and stiffening of the lung tissue which hampers evacuation of the bronchial secretions. Early evacuations of pleural effusions will aid in preventing development of adhesions. Chronic bronchitis should be cured or at least kept under control with turpentine and creosote derivatives. Treatment of the cylindrical form of bronchiectosis is the same as of chronic bronchitis; breathing exercises supplemented by compression of the lower part of the chest will benefit, the patient putting his hands on the sides of his chest and bending far over, as if bowing low, the resulting upforcing of the diaphragm thus exercising the lower part of the lung. In sacculated bronchiectosis of the lower lobe it is difficult to evacuate the secretion; this can be promoted by reclining in a slanting position, the shoulders low, or even the true Trendelenberg position; the patients should train themselves to recline thus an hour or so morning and night, or even longer, changing from side to side until the position is found in which most copious evacuation occurs. It can be promoted by compression of the region involved. If the patients are not too weak, out-of-door exercise and climbing will benefit by the greater expiratory demands. The secretions may be softened and made easy to expel by the inhalation of fumes from turpentine poured on boiling water. Mobilization of the chest wall by extensive resection of ribs are ad-

vised if operation becomes necessary; thus may the chest wall sink in and compress the lung, closing up the formerly gaping cavities. Such an operation should be followed by inhalations and breathing exercises, opening into and draining the cavities as a last recourse.

Ascites.—Soyesima (Deutsch. Zeitschr. f. Chir.) reports three cases in his service in Kyoto in which he followed Ruotle's method of treating chronic ascites with cirrhosis of the liver by suturing the peripheral end of the saphenous vein, severed 8 c.m. above its mouth, to the peritoneum just above Poupart's ligament. In the first case, a man of 38, the patient feels constantly well, with no return of ascites after the operation a year ago; in this case omentopexy, decapsulation of both kidneys and continuous abdominal drainage had failed to cure. In the two other cases the ascites was the result of pericarditic pseudocirrhosis of the liver; here none of the operations done, including the Ruotle, gave relief.

Alcohol in Relation to Multiple Neuritis.—Bury (Brit. Med. Jour.) refers to the finding of arsenic in beer, which was the reputed cause of multiple neuritis. This brings up the question as to whether the alcohol in beer may ever cause the same lesion. The author is inclined to think, on the basis of collective investigation, that this is the case. Beer taken by those who have had the disease has been carefully analyzed and found free from arsenic. It is open to any one to say that it is not the ethylic alcohol, but some accidental impurity which is responsible for the neuritis; but until this toxic agent, which is certainly not arsenic, is discovered it is impossible to resist the conviction that alcohol, whether in the form of beer, wine, or spirits, is a common cause of multiple neuritis. This statement does not imply, however, that the disease occurs frequently in alcoholic subjects, nor that the disease is the direct result of alcohol. Other factors may play a contributory part. The action of alcohol may be an indirect one in the production not only of neuritis, but of hepatic cirrhosis, and of changes in the heart muscles. It is a reasonable assumption that the lowering of tissue resistance by alcohol permits the successful attack of toxins derived from microorganisms or from the changes associated with chronic inflammation upon the nerves, liver, heart, or other structures. Whether the neuritis is a direct or indirect result of the poison, there is ample evidence to justify the view that well-marked cases of multiple neuritis (although not common) are produced more frequently by alcohol than by other poisons,

Recurring Coryza.—Cornet (Presse Med.) says that hay fever is merely a manifestation of the arthritic diathesis. The nasal mucosa is an excretory organ, and the excretion through this membrane of some of the toxins generated in the digestive tract may be one factor in recurring coryza. In a number of his cases errors in diet have been promptly followed by coryza; the situation is akin to the congestion observed in the face during difficult digestion. Reflex irritation from the digestive tract distends the vessels, heats and reddens the face, and by stimulating the glands renders the skin greasy and pimply. This same process in the nasal mucosa induces swelling, congestion and excessive secretion; the nerve fibres in the mucosa become irritated from the recurring or continuous autointoxication and the consequent hyperesthesia renders them peculiarly sensitive to dust inhaled or changes in temperature. The author finds regulated diet (meat and alcohol being avoided) the best cure; he allows only a little white meat at noonday. If local measures are deemed necessary he applies the actual cautery to the hypersensitive points. We must cauterize sufficiently deeply to destroy the nerve filaments, but this alone is futile unless the underlying autointoxication is combatted. The hypersensitive points are mainly those which protrude and upon which the inspired dust and germs lodge. The arthritic diathesis is, in the nomenclature of our Gallic colleagues, the family tendency to sluggish elimination of waste products and toxins.

Influenza in Children.—Breton (Rev. Mens. des Mal. de L'Enf.) recommends isolation even of convalescents during epidemics. Disinfection of the room is of value. Even with many cases in one family separation is admissable, because some cases run a much simpler course than others. The first outing of the convalescent must be managed with great care; there is special danger not only of relapses, but also of sequelæ, such as pulmonary congestion. For gastrointestinal factors we had best restrict diet, except water. For the pulmonary factors, hot packs, mustard sinapisms and hot baths are counselled. Phosphate of guiaicol (4 to 7 grains per diem,) according to age for the influenza, raw bone marrow for the adenopathies.

Atoxyl in the Treatment of Malaria.—Vassall, in the Philippine Journal of Science, gives his views as to the action of atoxyl in malaria.

Atoxyl alone, in large therapeutic doses, is incapable of stopping or modifying a febrile attack of malaria. It is not a feb-

rifuge, nor is it even moderately antipyretic in its action.

Its direct action on the hematozoa of tertian and malignant tertian fever is inappreciable, whether it is given in single large doses or is continued without interruption in small ones. It is powerless against the acute symptoms of malaria. It does not prevent relapses. In short, its specific action is *nil*.

As an adjuvant to quinine, on the contrary, atoxyl shows an unquestionable efficacy. The author has cited numerous examples. It rapidly improves the general condition and restores strength. It is a reconstructant which is superior to the other well-known arsenical compounds. In cachetic enlargement of the spleen, where quinine itself often fails, atoxyl, combined with quinine, proves efficacious.

Malarial patients given the mixed treatment tend to increase in weight to a remarkable degree.

The red cells undergo no modification and do not increase in number. The percentage of the different leucocytes remains the same; however, the size of the large mononuclear leucocytes seemed increased after the employment of atoxyl. He therefore concludes that:

1. Used alone, atoxyl does not exercise a specific action in malaria.

2. Associated with quinine, it is capable of bringing about a rapid improvement in health and of hastening convalescence.

3. In cachexia and chronic forms of malaria, quinine with atoxyl appears to be more efficacious than quinine alone.

4. Atoxyl in large doses is sometimes borne with difficulty and may even give rise to accidents.

Some Points in the Clinical History of Pneumonia.—Kidd (London Med. Lancet) relates the histories of twenty abnormal cases. They include initial abdominal pain, particularly common in young children: initial symptoms of meningitis, initial hemoptysis, observations on fever and physical signs, abortive type with crisis on the second day, complications, laryngitis, nephritis, anasarca of renal type without albuminuria, etc. Various types of delirium are met with as well as diarrhea, and death from pulmonary embolism during convalescence. Typhoid fever may begin with pneumonia, and the latter disease may be combined with rheumatic fever, both infections being simultaneous. There may be relapsing types, though true relapses are very uncommon. Delayed resolution and subsequent fibrosis are occasionally seen. These latter conditions may be roughly divided into two groups. In the first the disease is febrile, terminating fatally, as a rule, in a few months. In most cases ulcerative cavities in the lungs develop, and the sputa may become foul. In the second group fibrosis occurs insidiously, arising out of what seems to be delayed resolution, without fever or constitutional disturbance, and the patient recovers with a fibroid lung. The cases described by the author variously illustrate the abnormalties enumerated, and furnish very interesting reading. Complications, he says, are mostly the expression of a secondary infection with streptocci and other organisms. True mixed infections, in which the pneumococcus and some other organism invade the system at the same time, are very rare. In other cases pneumonia attacks people already suffering from some other infection, and must be regarded as itself a secondary infection. The *rale redux* is in the author's experience of rare occurrence. Its absence throws doubt on the alveolar origin of crepitations. It seems more likely that it is produced in the small bronchi.

The Mechanism of Cardiac Pain.—May, in the Brit. Med. Jour., gives three clinical histories. His studies comprise an observation of fifty cases, in thirty-five of which, or 70 per cent., pain was present. The author believes that no mechanical theory explains the severe pain in some of his cases, but says that there is one factor which may be presumed to be present to some degree in all cases of heart disease, viz., some chemical change in the myocardium. The suggestion presents itself that the stimulus to the cardiac nerve endings may be a chemical one, some change or product of the disordered metabolism of the heart muscle. There is a general belief that those heart affections are most characterized by pain in which at autopsy there is most evidence of myorcardial degeneration. Paroxysmal pain is in most instances without any corresponding change in the physical signs of the heart. Pain often results from exhausted contractility. In the light of our biochemical knowledge it is impossible to suggest what actual compound or compounds may be invoked as an adequate stimulus to the heart nerves. This conception of the mechanism of cardiac pain tends to bring it into line with other painful conditions, such as the cramp of voluntary muscles and the lightning pains of tabes. Some authorities believe that the latter are caused by the gradual liberation of chemical irritants from the degenerating posterior neurons. The author considers in some detail the distribution of the nerves to the heart muscle, but says there is a defect in our knowledge as to exact details of distri-

bution. It has been shown that the peripheral part of the cut vagus exhibits negative variations corresponding in frequency with the rate of the heart beats—strong presumptive evidence that the vagus transmits afferent impulses even during the normal heart rythm. Tenderness in the sternomastoid muscle has been looked on as a sign often elicted in patients with failing compensation. It is a clinical manifestation of these afferent cardiac impulses in the vagospinal accessories. This tenderness was present in thirteen of the fifty cases examined. The details of all his series have been published in the Archives of the Middlesex Hospital for October, 1909.

The Tramatic Neurosis a Psychological Mosaic.—Bailey in writing his views concerning the diagnosis of traumatic neurasthenia in the N. Y. Med. Jour. says that when the mental symptoms are those of irritability and fatigue, and when no such neurological symptoms as paralysis, convulsions, anesthesia, and contraction of the visual field are present. He presents this form of neurosis as a disturbance in the mind produced by a single painful experience. Once created, it, like other painful experiences, would naturally tend to fade and lose in influence. But if conditions are such that it kept ever present in the patient's consciousness, it may bring about painful and disabling mental states. The symptoms brought about by these mental states are similar to those of various functional nervous diseases. But they differ from them in having a definite point of departure; in being formulated and controlled by a characteristic environment, and in that recovery cannot be expected until that environment is broken up. Hypothetical cases are described, and the general environment in which a patient lives after a severe accident is accurately described. The traumatic neurosis is, says the author, a psychological mosaic The initial accident is the quarry which supplies the stone. But the shaping of ihe separate pieces, the chiseling of their edges and the compactness with which all are used to form a complete design result from succeeding force. Variations of design can be traced to many causes. As regards the purely subjective symptoms, such, for example, as headache and liability to fatigue, these owe their origin, in part at least, to an abnormal egocentricity, a natural result of the legal systems. The so-called objective symptoms, the anesthesias, the paralyses, and the like, can usually be traced to some suggesting circumstances unavoidable in medicolegal examination. The difference in design observed in different countries reflect the difference in law and in method of procedure, regarding the compensation of injured persons. Our large verdicts call for more dramatic symptoms than the small weekly sums allowed to injured workmen in Germany.

Asphyxia Neonatorum.—Hoerder (Med. Klin.) describes the various methods employed to resuscitate infants born asphyxiated, every one of which applied at the right moment possesses undeniable advantages. He advises that when the child is born asphyxiated the division of the cord should be delayed as long as possible, the nose, mouth, and throat should be cleansed, and Schultze's method of swinging used, perhaps in the way modified by Ogata. He tells an anecdote to emphasize the need of persistence in the application of this means of artificial respiration. When he was a student he formed one of a group present when a baby was born asphyxiated. Their teacher applied Schultze's method for half an hour without success, the child was pronounced dead, and laid aside. After the teacher had gone the students brought the dead baby out to practise on it the movements of the method. While the third was exhibiting his skill the child began to breathe and lived.

Cataphoresis for Gout.—Luff, in the London Practitioner, states that cataphoresis is useful in many cases of chronic gout with considerable deposits in the joints. By cataphoresis is meant electric osmosis, or the transfer through porous partitions from anode to cathode. The joint may be treated either by immersion in a local bath of the fluid which is to be introduced, the positive electrode being placed in the bath and the negative on the back, or the positive electrode may be kept thoroughly wet by frequent applications of the fluid. The negative electrode should be a large one, about 8 by 5 inches, made of zinc and protected by a flannel cover. It is well moistened with warm water, and applied to the lumbar or dorsal region. At the positive pole either potassium bicarbonate or lithium iodide may be introduced into the affected joint. In the former instance the positive electrode is kept thoroughly wet with a saturated solution of potassium bicarbonate; in the latter the joint is painted over with iodide liniment, and a pad of lint soaked in a saturated solution of lithium carbonate is laid over the iodide surface; on conversion in the kidneys into the carbonate, to diminish the acidity of the urine, which is generally high in connection with the gouty paroxysm, while at the same time it increases the solvent power of the urine for

the uric-acid salts, and so assists their elimination.

Anaphylaxis.—Besredka, in the Annales des d'Institut Pasteur, gives his sixth note on the results of his research concerning Anaphylaxia. This time he has been working with *milk*, and confirms the experience of Rosenau and Anderson as to the supersensitizing power of a hypodermic or intraperitoneal dose of milk heated or unheated. If 16—20 days thereafter an intracerebral dose of so small a quantity as 0.1 cc. be given, the animal will die within a few minutes. He found that, unlike blood serum, milk does not lose its toxic properties on being heated to 100°C. Even 120°C. for 15 minutes has no effect, but above this temperature a gradual loss of toxicity results, till at 135°—140° the milk becomes gelatinous and absolutely atoxic. He recommends that intracerebral injections be made with milk heated to 100° for 20 minutes, for if made with unheated milk, they may cause death in non-sensitized animals. The toxicity of milk for supersensitive animals is in a measure specific, for human milk has no effect on a guinea-pig super sensitized with cow's milk, though goat's milk has. Cow's milk, on the other hand, is not poisonous to a guinea-pig supersensitized with cow's blood serum. Supersensitiveness does not ensue when the guinea-pig is treated with milk administered *per os* or *per rectum*. A "massive dose" 5 cc. administered on the evening before the intracerebral dose is given, will protect the animal from what would otherwise have been the certain lethal effect of that dose. This vaccine-power is possessed also by milk heated to 100° C. and over. Even milk heated to 130° C. has this power, although it has no supersensitizing power, and is not toxic for supersensitized animals.

Whey, heated or not heated, in doses of 7 cc., administered intraperitonially, has also this vaccine-power: and though whey obtained by centrifugalizing or filtering curdled milk has, as such, no supersensitizing power, yet if it be treated with soda solution, and, the supernatant liquid having been decanted, the precipitate be shaken up with physiological salt solution, the extremely fine emulsion thus obtained will be found to have supersensitizing power. Neither this emulsion nor the original whey have any toxic effect on supersensitized animals. This vaccine-power is possessed by whey given *per os* or *per rectum*, and also by milk administered in like manner.

Some Uses of Opium.—Smith, in The British Medical Journal, states that it is frequently overlooked that opium has stimulating as well as sedative properties, and that as a general stimulant to the nerves, the brain, and all the organs of life its value even for this quality alone entitles it to a high place in the esteem of the practical physician. Opium and morphine are not quite the same in this respect. Of the two it is in the former that the quality is most active. Its stimulating effect is best brought about by the use of small doses given at convenient intervals. The invigorating influence can be turned to account in the case of obstinate sores occurring in cachetic children. The ulcerative stomatitis which is so common among the ill fed and badly nourished children of the very poor often shows little disposition to heal, even when treatment is reinforced by a generous diet and healthy surroundings. When repair is thus at a standstill, a few drops of laudanum given twice a day quickly induce a welcome change in the local conditions, and start an improvement which goes on smoothly to a cure. Opium exerts its influence by means of the nervous system, through which it gives energy to the capillary circulation, and affects to some extent every organ of the body. There can be no doubt that the circulation is stimulated by the remedy. The feet become warmer, and the resistance of the body to the depressing influence of cold is very appreciably enhanced. This primary effect of the drug as a stimulant of the nervous system is a quality the value of which must not be forgotten. The nervous trepidation called "stage fright"—the ill defined sinking apprehension which is familiar to the orator and the player, and is not unknown to the student as he prepares to face his examiner —may be forestalled and disarmed by a small dose, five or six drops, of laudanum taken half an hour or so before his trial is to begin. Again, the nervous tremblings and depression which may be induced by a shock, and are apt to follow a surgical operation, are amenable to the same influence. Such a dose, repeated, if necessary, several times at intervals of half an hour, is usually soon followed by tranquility and sleep. The same treatment will go far to relieve the distress of dying persons. Under the influence of a few drops of the tincture the painful uneasiness abates, and is succeeded by a peroid of restful calm, which may be maintained by judicious repetitions of the remedy until the close. Again, the profound mental depression which sometimes afflicts elderly people, making their lives a burden to themselves and to their relatives, may be alleviated by the same means. In this, as in the preceeding cases, the drug acts as a stimulant, and something more; it

quiets nervous irritability, while at the same time it gives a welcome spur to jaded nerves. There are few cases of nervous unrest in which opium given in these moderate, stimulating doses fails to relieve. Children who have been treated surgically for empyema and wear a drainage tube often suffer much uneasiness while the damage process is going on. Under this treatment their restlessness is calmed, and they are enabled to bear the continued presence of the tube without showing any sign of discomfort. In all forms of illness in which the nervous system is irritable and perturbed the same treatment will be found of service. When thus given with a view to stimulation the dose of the drug must be carefully limited, for too large a quantity would defeat our object; and it must be remembered that the susceptibility of the system to the remedy varies greatly in different cases—in adult life as well as in the child. It is wise, therefore, to begin with a very moderate dose, lest, unwittingly, we produce an effect the very opposite to that which we desire. The dose can be repeated at intervals of half an hour until the end we aim at is achieved. A fear is often expressed of establishing an "opium habit" if this form of sedative is for a long time; and to this fear may possibly be ascribed the neglect into which this invaluable drug is beginning to fall. But if proper care is taken the danger is surely a fanciful one. When the remedy ceases to be required it should be withdrawn as quickly as possible; and with the exercise of care there is little difficulty about leaving it off, even if the drug has been continued for a period of months. The assumed difficulty arises from the extreme irritability of the nervous system which follows the sudden omission of the usual sedative dose. This is sometimes distressing in the extreme, and many a victim to the drug, although profoundly anxious to free himself from its thraldom, has shrunk from provoking the suffering which he well knows the struggle for liberty will entail. This suffering may be avoided if the dose is gradually reduced until the quantity taken is very small. If then it is withheld, altogether, the nervous unrest which ensues is moderate enough to be readily controllable by a few doses of tincture of gelsemium.

The Common Cold.—Allen (London Med. Lancet) finds at least five organisms capable of producing an attack of acute nasal catarrh; the B. influenzae; the B. septus; the B. of Friedlander; the micrococcus catarrhalis; and the micrococcus paratetragenus. These may be present in the vasopharyngeal space in a certain percentage of cases exhibiting no pathological features; increase of virulence and lowered resistance may then light them into activity. In other cases the infection is from without. Each organism produces its own type of cold and a differential diagnosis of the organism is possible from a consideration of the clinical features; this is naturally more difficult should the infection be a multiple one. This differential diagnosis is of great value both in prognosis and in treatment. Chronic nasal catarrh is probably always due to infection by the bacillus of Friedlander, unless the Eustachian tube and middle ear be involved by the micrococcus catarrhalis; chronic tracheal catarrh to infection by this latter germ or the m. paratetragenus, to which secondary infection by staphylo-, strepto- and pneumococci and other pathogenic germs may be superadded. For infection, local opsonic defect, and for cure, increase of opsonin are probably necessary conditions. By means of the injection of the corresponding bacterial vaccines an attack of cold due to any given organism or organisms can be considerably shortened, and complications may be prevented. In like manner chronic affections may be cured. By injections of the vaccines of the several organisms in appropriate doses and at right intervals much (if not complete) immunity against future attacks of acute cold may be secured. In the very susceptible the best procedure is probably systematic immunization every four to six months against all the "cold" organisms and especially against the particular organism or organisms responsible for the appearance of subsequent epidemics against which protection is desired.

Notes on Medical Progress in Puerto Rico.—Ashford (The Military Surgeon) first up filariasis, which is rapidly increasing in frequency and severity among the inhabitants, especially of towns. Two hitherto unmentioned, but undoubted, forms filariasis are remarkable: Filarial lymphangeitis of the spermatic cord extends through the internal ring, to disappear from view and palpation in the abdomen on the one hand, and reaches to the testicle on the other, and adenitis of postperitoneal glands. Malaria is not endemic in the major part of the island, and the infected regions are well known. Of typhoid fever he says that the vaccination is finding great favor with the men. Of the Anæmia Commission he states that its record is 250,000 people of a million of inhabitants treated for uncinariasis, and a fall of the death rate from forty-two in each 1,000 to about twenty-three in each 1,000.

A Possible Natural Enemy to the Mosquito.—Atkinson (Lon. Med. Lancet) states that in the summer of 1908 it was reported to him by Mr. Gibson, the colonial veterinary surgeon of Hong Kong, that he and Inspector Watson had seen flies eating mosquito larvæ in the nullah and streams adjacent to the cattle depot at Kennedy Town in that colony. He had some of these collected and sent to the Tropical School of Medicine, London, where they were recognized by the entomologist Alcock, as belonging to the dolichopodides, many of the species of which family have well known aquatic propensities; they were, however, too much damaged on arrival to be specifically identified. This summer, toward the end of April, Atkinson went to Kennedy Town with Mr. Gibson and they saw hundreds of flies eating larvæ in the nullah and also in the streams near by. On stirring up the stagnant water at the sides of the nullah crowds of larvæ were disturbed; the flies pounced down upon them and rapidly devoured larvæ almost as long as their own bodies. At times they would fly away with the larvæ in their mouths. These were evidently all of the same species. Some were collected and sent to England and were identified by Mr. E. E. Austen, the dipterologist at the British Museum, as belonging to the species *lispa sinensis*, *Schriner*, of the family of anthomyidæ, or flower flies.

Syphilitic Jaundice in the Second Stage.—Fonoglietto, in La Riforma Medica, concludes from a study of this subject from the practical viewpoint that in all probability syphilitic icterus, occurring in the secondary stage, is not a mere symptom of catarrhal character, but is a manifestation of precocious syphilitic lesions. The diagnosis is made from the history and from the presumptive evidence of the test of treatment. The jaundice usually comes on without any preceding gastric or intestinal disturbances, but there may be slight pain over the liver and a moderate degree of hypertrophy of this organ. The spleen is enlarged and the jaundice does not yield to any other treatment save the antisyphilitic. The patient may be perfectly ignorant of his disease, and its true nature may remain dark, unless very careful diagnostic methods are employed.

The Role of Albumen in Infant Feeding.—Grossen (Munchener medizinische Wochenschrift) gives a historical review of the work and opinions on the differences between the casein of woman's and cow's milk, Heubner showed that woman's milk was much poorer than cow's milk in nitrogen, and that at that a considerable proportion was due not to proteins, but other nitrogenous material. To maintain life, 4 per cent. of the total caloric intake must be protein; to insure growth, 7-8 per cent.; in ill children somewhat more is needed. Biedert called attention to the difference in the curds, and considered the curds in the stools to be casein. The reasons for believing this and the facts which overthrew it are given. The work of Finkelstein and Meyer showed that cow's casein in itself was not injurious to infants. The theory was raised that the indigestibility of cow's milk was due to the small amount of lactalbumen contained therein. This was disproved by Meyer and the author. Neither chemical nor metabolic researches show any reason for the injurious qualities of cow's milk. Scrological investigations have been made. Wassermann showed that injection of a foreign milk into an animal produced a precipitin against that milk to appear in the blood serum. Schlossmann demonstrated that an injection of cow's blood serum into an infant on a cow's milk diet caused no symptoms, whereas injected into breast-fed children it produced a violent febrile reaction. Moro observed that artificially nourished infants had a digestive leucocytosis, but breast-fed ones did not. The author does not believe that the indigestibility of the cow's milk is dependent upon a difference of the casein *per se*.

Sources of Error in the Turpentine-Guaiac and Aloin Tests for Blood.—Adolf Ohly (Deutsche medizinische Wochenschrift) discusses these methods of testing for blood in the stools, and lays stress on the following points: The turpentine oil must always be old and well ozonized. This is obtained by allowing the bottle to stand open to the air in direct sunlight. The reaction depends upon a catalytic action on the blood derivatives, which occurs in the presence of ozonized turpentine or peroxide. The ozone acts as a catalyzer and is not changed by the reaction. It is of especial importance that in the shaking of the stool emulsion the test tube be well stoppered with cotton, so that the finger shall not come in contact with the material, as the amido-acids in the sweat may give a positive reaction with the guaiac test. The alcoholic solution of guaiac and aloin must be completely dissolved before it is used. The specimen of stool must be very thoroughly rubbed up with water and glacial acetic acid in order that the smallest particles may be reached by the acid. In using the test one must be careful to rule out hemorrhoids and also a diet containing flesh or blood, as a small particle of undigested meat may give the reaction.

Karell Cure in Treatment of Failing Cardiac Compensation.—Galli (Policlinico) has had very favorable experiences with strict milk diet. It does no good to attempt it unless the physician is able to maintain it strictly according to rule, not allowing more than 800 gm. (27 ounces) of milk during the day, taken in four portions.

The temperature or the milk is immaterial, as also whether it is boiled or not. This diet must be kept up three to seven days, and it is remarkable, he says, to note the increased diuresis and the disappearance of edema. By the fourth day the diuresis may be six or seven times the amount of milk ingested, while the heart action is improved to correspond. Not only the edema disappears, but the waste products are eliminated to a remarkable extent. In one of his cases with complicating asthma, it banished extirely after the third day of the Karell cure. The heart is relieved of part of its load by the elimination of such large amounts of fluids, if the heart and kidneys are still capable of functioning. Parenchymatous nephritis offers little chance for success with it; interstitial nephritis is its most grateful field. No drugs are needed except possibly with much cyanosis and dyspnea when heart tonic may prove useful. The Karell cure is almost ideal, he adds in obesity with failing compensation. The load of fat imposes extra work on the heart, which resumes normal functioning after the weight has been reduced. From 10 to 40 pounds may be lost in a few days under this Karell diet. The patient must remain in bed during the courses. In chlorosis, with doughy tissues and flabby heart, this treatment may also give benefit.

The Frequency of Pulmonary Tuberculosis in Children.—Sawyer in the British Journal of Children's Diseases says that in the reports of the medical inspectors of school children from all over the country, the frequency of tuberculosis of the lungs varies considerably. So great is the discrepancy in the figures of the different examiners that one is naturally led to the conclusion that in many cases errors in diagnosis must have been made. Some inspectors report that phthisis of the adult type in an early and latent stage is of common occurrence among school children, while others report that it is very rare. He reports his findings as follows: "Children examined, eight thousand. Diagnosed as phthisis of the adult type, fifteen total or nineteen per cent. Doubtful cases of phthisis of the adult type, eleven total or fourteen per cent.

Out of sixteen hundred fifteen cases at the General Hospital with an age limit of fifteen years, there were nine cases, and out of sixty-three hundred eighty-five at the Children's Hospital, with an age limit of twelve, there were only six cases. It is rare to find phthisis under ten years of age. The greatest number of cases at the General Hospital were just under fifteen years of age. He is of the opinion that tuberculosis of the lungs when present in children occurs far more frequently in an acute than in a chronic form.

A Critical Inquiry into the Causes of the Internal Rotation of the Fetal Head.—Paramore, contributes a discussion of this phase of the mechanics of labor in The Journal of Obstetrics and Gynecology of the British Empire. A complete summary of the various opinions advanced to explain the etiology of this phenomenon since the middle of the eighteenth century is given, also a bibliography. Prior to this time, he says, it was thought that the fetal head entered the pelvis with its long diameter in the conjugate and its face toward the sacrum, and that it crept into the world on its hands and feet. After carefully considering the theories, experiments, and observations of the earlier authors the writer gives in detail his own view of the mechanism, considering separately the anterior positions, posterior positions with the head well flexed and posterior positions in which head is not well flexed. The author ascribes failure of anterior rotation of the occiput in posterior positions to—(1) Pelvic deformity in which the transvere diameter of the pelvic inlet is shorter than or only as the oblique (for example in small round or kyhotic pelves), or (2) Incomplete flexion of the head. According to his view the change in position from occipitoposterior to occipitoanterior is the result, "not so much of the occiput being rotated forward, as of the forehead being rotated backward".

The Channels of Entrance of Tuberculosis.—Calmette (Presse Medicale) sums up the results of his own work as follows:—1. The contagion of tuberculosis cannot be experimentally effected through the respiratory tract except with the greatest difficulty, by making animals inhale tuberculosis products or cultures in a state of fine spray. The inhalation of dry powders also only exceptionally succeeds in effecting contagion. It must therefore be admitted that dust contaminated with dry bacilli does not play any important part in natural infection. 2. The ingestion of virulent tuberculous products or of cultures in the state of a fluid emulsion is constantly effectual in producing tuberculosis in all kinds of susceptible animals. The bacilli can then be absorbed through the intestinal

mucous membrane without producing any lesion by their passage; they are carried by the chyle to the mesentric glands; thence they are frequently carried by phagocytic leucocytes into the lymph current of thoracic duct and thence distributed in the blood stream. The pulmonary capillaries are most prone to become the seat of the first tuberculosis in relation to other localizations of hæmatic origin.

The Treatment of Eczema of Infants and Young Children by Thyroid.—Eason (Scottish Medical and Surgical Journal) reports a series of consecutive cases of eczema in young children successfully treated by thyroid. In the first case, fourteen months old, the baby had suffered from eczema of the face for nearly a year. This had been entirely resistant to the usual applications and internal treatment, nor was hospital treatment more efficacious. Two and a half grains of a thyroid tablet was given daily. In a little more than one month the child was entirely well. His cure persisted for nearly a month, when the disease showed a tendency to recur. The second course of thyroid was followed by a permanent cure. The four other cases gave similar results.

A Readily Soluble Hypnotic of the Veronal Group.—Steinitz (Therapie der Gegenwart) says the ideal hypnotic must be readily soluble and, therefore, rapidly absorbed, so that the soporific effect may be prompt and certain and that there may be no undesired prolongation of it. Diethylbarbituric acid, one of the best hypnotics known, has the advantage of very slight solubility (1:145),

The writer experimented clinically with the monosodium salt of diethyl-barbituric acid, placed at his disposal by Schering. It is a crystaline powder 20 per cent, soluble in water; by heating a 30 per cent. solution, permanent in the cold, can be prepared. The author used it by mouth, per rectum and subcutaneously.

By mouth the salt is always given dissolved in water, when it has no unpleasant taste. Its action was quicker and more certain than that of diethyl-barbituric acid; occasionally the salt had good effect where the base had been ineffective. A cumulative toxic action was absent, though in some cases 7½ grains were given daily for considerable periods.

In most cases the superiority of the new salt is doubtless due to its being administered dissolved. It is best taken on an empty and consequently acid-free stomach—on retiring—when it passes unchanged into the intestines and is there quickly absorbed. In the ratio in which absorption and therefore excretion are hastened, the salt naturally diminishes the danger of cumulative toxic actions.

Per rectum the action of the drug was quicker and almost always more intensive. In some cases the effect was excellent when the same dose by mouth had no effect at all. Anestbetic properties were also observed at times. In several cases of cardiac and bronchial asthma, with night attacks, the greatest possible relief was effected by the rectal injections. Seven and one-half grains were dissolved in about a dram of water and injected with a small rectal syringe.

Subcutaneous injections are intensive rather than rapid in effect. Seventy-five minims of a 10 per cent. solution are used; this hardly irritates and is apparently more quickly absorbed than more concentrated solutions. Abscesses never occurred, though some patients were morphinists who in other places were sown with injection abscesses. In threatened delirium tremens the salt has about replaced chloral by subcutaneous injection. The injection of the salt seemed especially suitable, too, for patients under antimorphine treatment; here its quieting effects were marked.

He concludes: "On account of its extreme water solubility, the salt can be conveniently administered in a well dissolved and most finely subdivided state. The absorption proceeds more quickly when it is administered on an acid-free stomach and when given per rectum, because the drug remains in its readily soluble form.

"Rectal administration can be recommended when the stomach is to be spared and especially for obstinate insomnias.

"Subcutaneous injection we recommend at present only in special cases, where the patients refuse oral medication, for morphine habit, and as a last resort in severest insomnia."

The North Carolina Association for the Prevention of Tuberculosis will hold its next meeting in Greensboro, March 15–16, 1910.

The National Tuberculosis Exhibit will be there and Greensboro and Guilford County have appropriated $500 for that purpose.

A splendid program is being arranged, for which it is necessary that all titles of papers be promptly sent to the Secretary in order that they may be properly listed.

Beginning with the January 1910 issue the old established Medical Review Of Reviews will be edited by Dr. William J. Robinson, Editor and founder of the famous

Critic and Guide, Therapeutic Medicine, and The American Journal Of Urology.

The Editorial Offices of the Medical Review Of Reviews have been removed to 12 Mt. Morris Park W., New York City.

The scope of the journal will be enlarged and every department will be strengthened. The subscription price remains the same, namely, $2.00 per annum.

Book Notices.

Transactions of the Thirty-first Annual Meeting of the American Laryngological Associatiou held at Boston, Mass., May 31st., June 1st and 2nd., 1909. New York, Published by the Association 1909.

The officers of the Association at this meeting were as follows: President, Algernoon Coolidge, Jr., M. D., Boston, Mass.; First Vice-President, Emil Mayer, M. D., New York City; Second Vice-President, Francis B. Packard, M. D., Philadelphia, Pa.; Secretary and Treasurer, Joseph H. Bryan, M. D., Washington, D. C.

This volume of transactions is in every way very complete, and the articles contained therein are very instructive. The article by Greenfield Sluder, M. D., entitled "The Anatomical and Clinical Relations of the Sphenopalatine (Hecker's) Ganglion to the nose and its Accessoty Sinueses", is especially instructive. It contains several reports with illustrations, which are very good indeed, The article by Harmon Smith, M. D., is also an excellent production. It is entitled, "A case of Laryngeal Carcinoma under Observation for Thirteen Years; Ultimate Laryngectomy". This article contains several very appropriate illustrations, and is indeed an article worthy of study, and consideration.

The volume contains 406 pages of reading matter, beautifully, and well bound in cloth, and the paper on which it is printed is of a good quality, and the entire make-up of the volume is first-class in every respect.

Transactions of the American Surgical Association, volume twenty-seventh. Edited by Richard H. Harte, M. D., recorder of the association. William J. Dornan: Philadelphia, Pa. 1909.

This volume of Transactions contains the papers read before the Association at the meeting held June 3, 4 and 5, 1909. These papers are both interesting and instructive, most of which are illustrated. This volume, like all the others gotten out by this association, is very complete. It is well bound, carefully indexed, and in every way neatly gotten up. The volume contains 634 pages of reading matter. The leading article in the book is the President's address, which is very interesting.

A Text-Book of Physiology for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL.D., Professor of Physiology in the John Hopkins University, Baltimore, Md., Third Edition, thoroughly revised. Price, cloth, $4.00 net; Half Morocco, $5.50. Philadelphia and London: W. B. Saunders Company: 1910.

The author of this valuable volume has met with great success in his effort to scrutinize the sources of information which are recognized as specifically physiological. This edition has been thoroughly revised, and many new points on this subject have been incorporated in it,

The book is divided into nine parts as follows: Part I. The Physiology of Muscle and Nerve. Part II. The Physiology of the Central Nervous System. Part III. The special senses. Part IV. Blood and Lymph. Part V. Physiology of the Organs of Circulation of the Blood and Lymph. Part VI. Physiology of Respiration. Part VII. Physiology of Digestion and Secretion. Part VIII. Nutrition and Heat Production and Regulation. Part IX. Physiology of Reproduction.

The volume is neatly bound, carefully indexed, and contains 998 pages of helpful reading matter. The book as a whole is very complete, and worthy of our recommendation as a text-book.

A Text-Book upon the Pathogenic Bacteria for Students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia General Hospital and to the Medico-Chirurgical Hospital, Philadelphia; Director of the Laboratories of the Henry Phipps Institute; Fellow of the College of Physicians of Philadelphia, etc. With 211 illustrations, a number of them in colors Sixth edition, thoroughly revised. Price, $3.50. Philadelphia and London: W. B. Saunders Company.

The popularity of this work is to some extent shown by the fact that the sixth edition has been called for. It is the author's intention to convey to the reader a concise account of the technical procedures necessary in the study of bacteriology, a brief description of the life-history of the important pathogenic bacteria, and sufficient description of the pathological lesions accompanying the micro-organismal invasions to

give an idea of the origin of symptoms and the causes of death.

The aim has been to describe only such bacteria as can be proven pathogenic by the lesions of toxins which they engender, and, while considering them, to mention as fully as is necessary the species with which they may be confounded.

The practitioner, as well as the student, will find this book very helpful, and especially those practitioners of medicine who graduated before modern science had thrown its light upon the etiology of disease.

The volume is beautifully bound, carefully indexed, and the illustrations are in every sense up-to-date.

A Text-Book on the Practice of Gynecology, for Practitioners and Students. By William Easterly Ashton, M. D., LL. D., Fellow of the American Gynecological Society; Professor of Gynecology in the Medico-Chirurgical College, and Gynecologist to the Medico-Chirurgical Hospital, Philadelphia; Formerly Lecturer on Gynecology in the Jefferson Medical College, Philadelphia; One of the Founders of the Congress International De Gynecologie et D'Obstetrique; Member of the American Medical Association, etc. With ten hundred and fifty-eight new line drawings illustrating the text by John V. Alteneder. Four Edition, Revised and Enlerged. Price, Cloth, $6.50; Half Morocco, $8.00. Philadelphia and London: W. B. Saunders Company, 1909.

In this volume the author has considered fully both the medical and surgical aspects of gynecology, and has discussed each subject so far as possible upon the basis of his own experience. The book is unusually large for a work on gynecology.

The chapter on Microscopic and Bacteriologic Examinations gives the practitioner precise instructions how to obtain and preserve morbid secretions and tissues and deliver them in proper condition to the pathologist.

New matter has been added to the chapter on Constipation and the indications for the use of Indoor Exercise have been made to harmonize with modern ideas on the subject of defective body form in its relationship to abdominal and pelvic displacements.

This volume contains 1099 pages of carefully indexed reading matter, is beautifully bound, and in every way is very complete. The illustrations are all very good and well brought out, and the book is worthy of our heartiest recommendation.

Text-Book of Medical and Pharmaceutical Chemistry, By Elias H. Bartley, B. S., M. D., Ph. C., Professor of Chemistry, Toxicology, and Pediatrics in Long Island College Hospital; Late Dean and Professor of Organic Chemistry in the Brooklyn College of Pharmacy; Late Consulting Chemist to the Department of Health of the City of Brooklyn; Late President of the Board of Pharmacy of the County of Kings; Member of the American Pharm. Association; of the American Chemical Society; Fellow of the American Association for the Advancement of Science, Etc. Seventh Revised Edition, with ninety illustrations. Price, $3.00. Philadelphia: P. Blakiston's Son & Co. 1909.

The aim of the author in preparing this book, has been to present to medical and pharmaceutical students during attendance on lectures, such of the established facts and theories of chemistry as he believes will be needed by them, and it gives us a great deal of pleasure to recommend this volume in its unique publication, to students.

The volume is neatly bound in cloth, and the illustrations, paper, etc., are of a high grade. Its complete index makes it very convenient as a hand-book.

A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of Medicine and Clinical Medicine at the Medico-Chirurgical College; Physician to the Medico-Chirurgical Hospital; Consulting Physician to the Jewish Hospital and to the Widener Home for Crippled Children; Formerly Physician to the Philadelphia and to the Protestant Episcopal Hospitals, Philadelphia; Officer del'Instruction Publique. Illustrated. Ninth Edition, Thoroughly Revised. Price, Cloth, $5.50; Half Morocco, $7.00. Philadelphia and London: W. B. Saunders Company.

The fact that nine editions of this book on the Practice of Medicine by Anders has been called for, is sufficient evidence of the popularity it has won. The work is meant to introduce to the student the present state of knowledge of the practice of medicine in general and of the diagnosis. This is indeed one of the most complete works that has ever been published for this purpose. This edition is divided into eleven different parts as follows: Part I. Infectious Diseases. Part II. Animal Parasitic Diseases. Part III. Constitutional Diseases. Part IV. Diseases of the Blood and the Ductless Glands. Part V. Diseases of the Respiratory System. Part VI. Diseases of the Circulatory System. Part VII. Diseases of the Digestive System. Part IX. Diseases of the Liver. Part X. Diseases of the Muscles. Part XI. The Intoxications; Obesity; Heat-Stroke. Each of these subjects are

thoroughly discussed by the author, and the differential diagnosis has in many instances been tabulated, which will be found especially helpful. Not less than fifty diagnostic tables are scattered throughout the work, and the greater part of these are the authors own production.

This volume is neatly bound in either cloth or morocco, and contains 1326 pages of reading matter, carefully indexed. It certainly gives us a great deal of pleasure to recommend this book to the practitioner as well as the student of medicine.

Dose-Book and Manual of Prescription-Writing with a list of the official drugs and Preparations, and many of the Newer Remedies with their Doses. By E. Q. Thornton, M. D., Ph. G., Assistant Professor of Materia Medica, Jefferson Medical College of Philadelphia. Fourth Edition, Revised and Enlarged, and adapted to the eighth revision (1905) of the United States Pharmacopocia. Price, $2.00. Philadelphia and London: W. B. Saunders Company, 1909,

In this edition of Prescription-writing the author has succeeded in compiling a work which is of great value both to the student of medicine, and also to the practitioner of experience. In revising this manual, advantage has been taken of the opportunity to amplify the chapters dealing with solvents, incompatibilities, preparations and methods of prescribing them, and to include brief articles upon Dermatological Pastes and Salve Mulls.

Several of the tables in this edition have been entirely rewritten, and the book has been thoroughly revised throughout. It gives us a great deal of pleasure to recommend this book to all students and practitioners of medicine.

This volume is beautifully bound in black, flexible leather, containing 410 pages. It is completely indexed, and a book that is in every way worthy of recommendations.

Biographic Clinics. Volume VI. Essays concerning the influence of visual function, pathologic and physiologists, upon the health of patients. By George M. Gould, M. D., Formerly Editor of American Medicine, Author of various Medical Dictionaries, "Borderland Studies," "The Meaning and the Method of Life", "Righthandedness", etc. Price, $1.00. Philadelphia: P. Blakiston's Son & Co. 1909.

This book is a reproduction of various articles published in some of the leading medical periodicals. The articles are all very interesting and instructive from a clinical point of view. The article entitled "A Remarkable Case of Epilepsy Caused by Eyestrain" is one of especial interest, and also the one entitled "The Experience of a Man and his Wife in Changing Spectacles."

The volume contains 492 pages of reading matter, is well indexed, and neatly bound in cloth.

The Metaphysics of the Nature and in the Conception of the Soul—It's Habitation? By Joseph Clements, M. D., Member of the American Association for the Advancement of Science, Boston: The Roxburgh Publishing Co.

This little book is submitted to the public as a contribution to the evolution progress of the human race. It sets forth what the author believes to be a true conception of the nature and the origin of the soul.

The little book contains 112 pages of very interesting reading matter and is printed on a high grade paper, and on the whole it is very neat in appearance.

A Compend of Histology. By Henry Erdmann Radasch, M. S., M. D., Associate in Histology and Embryology and Demonstrator of Visceral Anatomy in the Jefferson Medical College; Adjunct Professor of Physiology and Instructor in Histology in the Pennsylvania College of Dental Surgery. Price, $1.00. Philadelphia: P. Blakiston's Son & Co. 1909.

An effort has been made to present the matter in this book in as clear and concise a manner as is possible. This is the second edition of this work, and many additions have been made, which make the book more valuable even than the first edition was. In order to make this book of greater use to the dental students, the Histology of the Tooth was rewritten and enlarged upon, and a new chapter on the Development of the Face and Teeth, with appropriate cuts, have been added.

This volume contains 350 pages, twenty of which are included in the index, which is carefully gotten up. The binding is very attractive and neat, and the illustrations are especially good.

The Medical Epitome Series. Diseases of Women. A Manual for Students and Practitioners. By Charles Gardner Child, M. D., (Yale) Clinical Professor of Gynecology, New York Polyclinic Medical School and Hospital; Attending Gynecologist to the City Hospital; Junior Attending Surgeon to the Woman's Hospital. Series edited by Victor Cox Pederson, A. M., M. D., Genitourianary Surgeon to the Outpatient Departments of the New York and Hudson Street Hospital. Illustrated with 101 engravings.

Price, $1.00. Philadelphia and New York, Lea & Febiger.

While this book is small in size it is none the less of great value to medical literature. No attempt has been made by the author to enter into the field so well and so exhaustively covered by the larger text-books on Diseases of Women, but to present to the student and practitioner as concise and authorative a treatise on the subject as is consistent with the brevity of the general subject.

The list of questions in the end of the book will be very beneficial to those who desire to use it as a quiz-compend.

The book contains 219 pages, carefully indexed, and is very concise and to the point. The binding is neat and attractive.

Surgery, its Principles and Practice. By Various Authors. Edited by William Williams Keen, M. D., LL. D., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, and John Chalmers DaCosta, M. D., Professor of the Principles of Surgery, Jefferson Medical College, Philadelphia. Volume V. With 550 Illustrations, 45 of them in colors. Price, cloth, $7.00; Half Morocco, $8.00. W. B. Saunders Company, Publishers, Philadelphia and London.

This is the last volume of Keem's Surgery, and it is thoroughly abreast with all the others in its value to the medical profession. The author of this set of books is to be congratulated upon the unique form and systematic arrangement of these books, and especially this fifth volume. The illustrations are of an extraordinary type, and are very plain and helpful to the surgeon.

This volume contains 1274 pages of carefully indexed reading matter. The binding is very neat indeed, and the entire book, as it occurs to us, is very complete.

Examination of the Urine. A Manual for Students and Practitioners. By G. A. DeSantos Saxe, M. D., Instructor in Genito-Urinary Surgery. New York Post-Graduate Medical School and Hospital; Assistant Genito-Urinary Surgeon, Bellevue Hospital, Out-patient Department; formerly Assistant Pathologist to the Columbus Hospital; Member of the American Urological Association; Fellow of the New York Academy of Medicine, Etc. Second Edition, Revised, with text illustrations and colored plates, a number of them original. Price, cloth, $1.75. Philadelphia and London: W. B. Saunders Company 1909.

Dr. Saxe, the author of this book, has been very successful in compiling a work in this manual, which furnishes a concise guide to the examination of urine for the practitioner in his daily work and for the student in his laboratory course, as well as in study for examinations.

The theory of the urinary secretion and the methods of functional examination of the kidneys have been given a rather more prominent place than has been done in other text-books, for the reason that a knowledge of these themes adds materially to a grasp of the modern status of uranalysis and of the directions in which advances may be expected in this science.

In this, the second edition of this book, the clinical side of the urine analysis has been still more markedly emphasized than in the first. Many of the chapters have been entirely rewritten, in order to meet the important advances in the field of physiologic chemistry and chemical pathology.

This volume contains 448 pages of carefully indexed reading matter. It is well bound in cloth, and its entire appearance is very neat indeed, and it gives us pleasure to recommend the book to both students and practitioners.

St. Valentine's.

Most of us, especially if we are old fogies, are apt to think, when St. Valentine's day comes around, that it has gone by—a seeming paradox.

If we take close notice of the toy windows, however, and of the children; in fact, if we come out of our shells and just look about us, we may discover, to our chagrin, that St. Valentine's day has gone by only for us, and that for certain others, quite numerous, it still continues to do business at the same old stand.

But even the custom of keeping St, Valentine's day itself is paradoxical and a sort of gibe at the other days of the year, for it seems to indicate that this is the only day among them all which is dedicated to Love. As if every other day did not contain its proper proportion!

Nevertheless, it is perhaps just as well that one day, in all the year, should be set aside as a posts' day, in which Love can go a-rhyming with all of the special dedicatory privileges thrown in; to say nothing of poetic license.

For if indeed there were no need of a poetic license; if all the poetry were metrically perfect, the similes exact, the strophes consonant with the utmost poetic dignity, how could they consort with true Love, which is, as we all know by experience, so full of error and mischief; which, indeed, derives its chief charm from its very weakness.

As for us, we prefer the old-fashioned filigree lacework valentine, with its hearts and darts and its slathers of primitive sentiment, rather than the more modern plush affair with its important and too expensive atmosphere.

We will take it also in a box, typical of every lover's condition, for is he not always in a box? As for the rhymes, if *pine* rhyme with *valentine* and *mine*, so much the better. We recall even to-day the first valentine of this description we ever received. As we came upon its hidden mysteries, and read the gilt declaration within, all the cheap tinsel of this world fell away, and a new one of magical inspiration and profound ecstasy opened up for us. *She* had sent it; who else? What tender thoughts of her it brought! In no other way could she have expressed herself so well. Its very conventionality, the fact that there were doubtless others like it, only seemed to act as a shield to her modesty, only seemed to protect her maidenly embarrassment.

Henceforth we were translated into a new being. We had a secret in common with all the world. Somewhere in the folds of the lace paper, in among the red images and gold figure, Love in ambush had surprised and conquered us.—Thomas L. Masson in February Lippincott's.

Miscellaneous.

Treatment of Pernicious Anaemia.

Nicolayson gives an account of a case of pernicious anaemia treated by Crawitz's method. The patient was a man, thirty-three years old, who was admitted to the hospital after suffering for five weeks from anæmia and weakness. All the symptoms manifested by the patient were that of a typical case of pernicious anæmia. Treatment consisted of a strict diet of milk and vegetables, daily enemata, with arsenic and hydrochloric acid given by the mouth. Lavage of the stomach was not performed, owing to the strenuous objections on the part of the patient. After eight weeks in the hospital and a month's holiday in the mountains his general condition was excellent. He no longer felt dyspnœa on slight exertion, the temperature became normal, and the pulse was 68–80. The blood count showed 4,235,000 red cells and no abnormal cells, as compared with 1,300,000 red cells and numerous microcytes and megalocytes, and a marked poikilocytosis and polychromatophilia on admission to the hospital. The success obtained in this and similar cases tends to confirm the view that the disease is a toxæmia, caused by a deficiency of hydrochloric acid in the gastric juice and a possibly subsequent spitting up of albuminous molecules into toxic bodies rather than to a primary disease of the blood or blood-forming organs.—The London Medical Lancet.

Treatment of Chronic Urethritis by Zinc Ionization.

Fenwick reports two cases in which zinc ionization treatment was followed by marked success The cases were chronic and of long standing. After drying the urethral canal, a long, straight probe was wrapped with fine lint and soaked in zinc sulphate solutation (2 per cent.) and passed through a cannula inserted in the urethra. The end of the probe was connected to the positive pole of a constant current battery and the negative pad was placed under the loins. Two milliamperes of current were passed through for ten minutes. This treatment is repeated a few times until the discharge is stopped. The result is an immense improvement in both mental and physical health of the patient.—British Medical Journal.

Endemic Cretinism.

From a study of endemic cretinism in India, the writer concludes that the degree to which cretinism is associated with goiter is determined by the age of the endemic and varies directly with the extent to which the latter disease prevails among the adult population. Cretinism is rarely, if ever, due to the development of a goiter in the individual. The thyroid enlargement is, or may be, an effect; it is not the cause of the disease. Defective thyroid function in the mother is the essential factor in the production of cretinism. It is due to the action of toxic agents, notably that of endemic goiter on the developing thyroid defect is congenital, but it may remain latent pending its manifestation through the impulse of some accidental circumstance. The defect in cretinism is one of the whole thyroid mechanism, of the parathyroids as well as the thyroid gland. The diversity of symptoms is due to the extent to which the defect bears upon the whole or part of that mechanism.—McCarrison, in The London Medical Lancet.

Serum Treatment of Cerebro-Spinal Fever.

Currie and MacGregor analyze the cases of cerebro-spinal fever in the Glasgow Fever Hospital between May, 1906, and May, 1908, in which the patients were treated with four different kinds of serum. The total number of cases was 330, of which

105 were treated with anti-meningococcic serum. The beneficial results obtained were a delay in any of the fatal issues, and there were a greater number of recoveries. In most cases there was at least one injection into the spinal theca after withdrawal of cerebro-spinal fluid. Repeated injections were usually subcutaneous; massive injections were necessarily so. The authors also state that the serum-treated patients, who survive the first ten days of illness, have a better chance of life.—London Med. Lancet.

Suprarenal Glands and Osteomalacia.

The case of a woman is reported, seven months' pregnant and suffering from an extreme degree of osteomalacia. She suffered most severely from the usual symptoms—pain, difficulty in walking, anæmia, osteomalacia cachexia, and insomnia. As the pelvis contracted her torture became extreme. Because of the ischæmic effect of adrenalin, and because of the demonstrated relations between the ovaries and suprarenal glands, adrenalin was given in doses of 0.5 c.c. The pains immediately began to disappear, the pelvis dilated, and the patient was spontaneously delivered of a normal child at term. A second pregnancy was unaccompanied by any signs of osteomalacia. The writer thinks he has not only discovered a new method of treating osteomalacia, but also evidence that insufficiency in the function of the suprarenal glands must be the cause, or a factor in the causation, of ostoemalacia; the suprarenal glands exercise an important influence on the ossification of the skeleton. If these results are confirmed the ossification of the skeleton in rickety children should be accelerated by the administration of adrenalin.—Bossi in British Medical Journal.

Formaldehyde for Flies.

The London Medical Lancet observes that it is not always possible to trace the origin of illness; but it is easy enough to give valid reasons why the fly can be the introductory agent. The fly is not scrupulous as to its environment—it alights at one time on the most offensive material and at another on the food in the kitchen and on the table. The experiment is noted of a common bluebottle which was allowed to walk across a piece of freshly sliced potato; the potato subsequently developed colonies of bacteria all along the fly-track, whereas elsewhere no development took place. How are we to get rid of the fly? Fly papers and sticky strings are unsightly and the struggle of a fly to release itself from a sticky substance is not an agreeable spectacle. The best exterminating agent is a weak solution of formaldehyde in water (3ii-Oj). The flies are attracted to the formaldehyde which they drink. Some die in the water; some get as far only as the immediate vicinity of the plate of water; but all ultimately succumb; hundreds may be swept up from the floor. And the flies have thus died under a dose of a fluid which is fatal to germs, a fluid which is also inoffensive and for practical purposes non-poisonous. We by this means diminish the scourge and disinfect the slain.

$1.00 Cost of Membership in A. M. A.

It has been thoroughly understood that in order to gain membership in the American Medical Association the applicant must pay a fee of $5.00. Besides the membership he is to receive one year's subscription to the association journal, subscribing for the journal being not a matter of selection but one of compulsion. Our attention has been called to a very important change in the announcement occurring in the journal of the American Medical Association. In the December issue of the publication under "Membership," we find the following:

"The annual assessment for membership shall be one dollar; and the price of subscription to the journal—shall be four dollars for members."

It will be noticed that this changes completely the relationship between membership and subscription. According to this a member should be able to submit one dollar as payment for his dues for a year and the question of subscribing to the association journal an independent consideration. If he was disposed to become a subscriber or wished to continue his subscription he would be expected to add to his membership remittance the subscription price of four dollars. This places the association journal upon its proper basis and makes it optional with any member of the association as to whether he shall become a member or not. We are not aware however that such an interpretation will be granted, especially so since the January issue of the publication has for some seemingly unaccountable reason seen fit to omit the entire paragraph discussing membership. We hope that our interpretation is correct and if it is not that our readers will give this matter consideration. This membership applies as forcibly to our own State Association publication and we hope that all of our readers will voice the sentiment of Editor Daniels in his issue of "The Red Book," in which he says:

"Separate the membership fee in our State Association from the subscription fee

to the journal, and let subscription to the journal be discretionary and not, as now, compulsory. Let the membership. fee be one dollar again and let those who wish the journal say so, and subscribe for it. I shall introduce a resolution to that effect at Dallas. The American Medical Association has taken the initiative and done that very thing. See advertising page 20, December 4th issue: 'The annual assessment for membership shall be one dollar; and the price of subscription to the Journal shall be four dollars for members.' "—Courier-Record of Medicine.

Atoxyl (Anil-arsenate of Soda) in Syphilis.

Chirivino mentions his experience of this treatment in five selected cases of Syphilitic lesions. Two of these were rather extraordinary—the gummatous deposits, not yielding at all to Mercury and Iodide, were got rid of speedily under daily injections of 10 to 20 cgms. of Atoxyl. The case was uneventful in the other two. In one, the treatment had to be discontinued, symptoms of poisoning (albuminuria, headache and general malaise) setting in, inspite of diminished dosage. An excellent feature observed during this treatment was the increase of appetite and general well-being. The injections are to be given in the back —a 10% sterile solution being used. Doses are rarely required to be pushed to 20 cgms.; in ordinary cases, small doses, about 10 cgms., are quite good and there is no advantage in large doses recommended by some.—Ref. Med.

Magnesium Plates in the Fixation of Wandering Kidney.

Goblet (Zentrabl. f. Chir.) describes a method in which the hold of the sutures in the fixation of a wandering kidney can be rendered more secure by the association of an absorbable magnesium plate, such as those that have been successfully applied by Payr in the closing of gaping wounds of the liver. After the kidney is exposed and the whole fatty capsule is cut away, the proper fascia being left intact, a plate of magnesium 4 centimeters in length, 1 centimeter in breath, and 1 millimeter in thickness, is applied to the anterior surface of the kidney over the junction of the middle and anterior thirds of its longitudinal axis, and placed obliquely. The plate is perforated near each of its narrow ends. A silver wire suture of medium thickness is carried on a blunt needle through the parenchyma of the kidney and through the holes in the magnesium plate and the last rib, the ends of this suture being finally twisted together on the outer surface of the bone. The utmost precautions should be taken not to compress the kidney too tightly between the magnesium plate and the rib.

The author also describes an analogous method of dealing with wandering liver and spleen.

The prognosis of this plan of treatment is very good.—British Medical Journal,

Modification of Neuromuscular Electric Excitability Caused by the X-Rays.

Diego Malcagni has found that the neuromuscular mechanisms show some changes in their excitability after the use of the x-rays. He sums up his observations thus: The effects occur immediately after the x-ray application; the electric excitability is diminished, contractions are weaker, and the secondary contraction is less. This condition persists for about fifteen minutes and then gradually diminishes. This action on the periheral nervous system is not cumulative. It varies in different parts of the organism; at some applications the effect is only transitory, while at others it is more persistent. There is no regularity about this effect.—Giornale di Elettricita Medica.

Appeal to the Medical Profession of the West and South.

Up to the present time there has not been a concerted effort made to collect and preserve historical data in regard to the origin, evolution and personnel of our profession in this part of our country. The result of this delinquency has been the total loss of much material that should have been preserved, especially pertaining to medical schools and societies, and biographical matter in connection with the practitioners and teachers of medicine of by-gone-days. A good deal of material of this character is still obtainable if a systematic effort is made to locate and preserve it. It is in the possession of individuals, families and private libraries and will eventually be lost. *The Western Association for the Preservation of the Medical Records* was organized in May 1909 for the purpose of collecting historical and biographical records of the profession of the West and South. We wish to preserve anything and everything pertaining to Western medicine and medical men and are anxious to enlist the active help and support of every member of the profession who is in sympathy with our aims. We want every one to become associated and identified with the work of our Association. There are no fees or obligations of any kind. We have made arrangements with the Lloyd Library, Cincinnati, Ohio, for the proper housing of the material collected. The latter will be systematically arranged, catalogued and

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Notes

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HOUSE OF DELEGATES, A. M. A.: Dr. J. Howell Way, Waynesville; Alternate, Dr. P. J. Thomas, Wilmington; Dr. A. J. Crowell, Charlotte; Alternate, Dr. D. S. George, Bayboro; Dr. T. E. W. Brown, Asheville; Alternate, Dr. J. V McGougan, Fayetteville.

Medical Society of the State of North Carolina meets in Wrightsville, June 21, 1910.

The Tri-State Medical Association of the Carolinas and Virginia (only members of State Societies eligible). Next Annual Meeting: Richmond, Va. Date of meeting February 8, 1910. President, Dr. LeGrand Guerry, Columbia, S. C.; Secretary-Treasurer, Dr. J. Howell Way, Waynesville, N. C.

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properly preserved so that it can be made available for research-work. We are particularly anxious to obtain

1. Medical Journals published in the West and South prior to 1880;

2. Medical books and pamphlets written or published in the West;

3. Manuscripts and autographs of early physicians;

4. Old diplomas and other documents of a medical character;

5. Proceedings of medical societies;

6. Reports of hospitals and other medical institutions;

7. Catalogues and Announcements of Western and Southern medical college of all "schools";

8. Biographies and portraits of Western physicians;

9. Information and material of any kind pertaining to medicine and medical men and affairs in the West;

10. Curios of medico-historical character.

All contributions should be sent in care of the Librarian. In view of the fact that we are performing a labor of love and have no funds, our friends and Associates will readily understand why all contributions sent by express or freight should be prepaid so that no expense may accrue to the Arsociation. The necessary expenses of the Association are being met at present by voluntary contributions of its organizers.

May we not count upon *your* active help and support? We would like to hear from every member of the profession who is interested in the proposed work.

C. A. L. Reed, M. D., Chairman.

Otto Juettner, M. D., Secretary.

A. G. Drury, M. D., Librarian,
710 W. Eighth St.,
Cincinnati, O.

The International American Congress of Medicine and Hygiene, Buenos Aires, Argentine Republic, May 25th, 1910.

The International American Congress of Medicine and Hygiene of 1910 in commemoration of the first centenary of the May revolution of 1810, under the patronage of His Excellency, the President of the Argentine Republic, will be held May 25th in Buenos Aires, Argentine Republic.

In order to facilitate the contribution of papers and exhibits from the United States, there has been appointed by the President of the Congress, Dr. Eliseo Canton, and the Minister of the Argentine Republic at Washington, a committee of propaganda of which Dr. Charles H. Frazier (Philadelphia, Pa.) is Chairman and Dr. Alfred Reginald Allen (Philadelphia, Pa.) is Secretary.

The Congress has been divided into nine sections, each section being represented in the United States by its chairman in this Committee of Propaganda as follows:

Section 1—Biological and Fundamental Matters, Dr. W. H. Howell, Chairman, Baltimore, Md.

Section 2—Medicine and its Clinics, Dr. George Dock, Chairman, New Orleans, La.

Section 3—Surgery and its Clinics, Dr. John M. T. Finney, Chairman, Baltimore, Md.

Section 4—Public Hygiene, Dr. Alexander C. Abbott, Chairman, Philadelphia, Pa.

Section 5—Pharmacy and Chemistry, Dr. David L. Edsall, Chairman, Philadelphia, Pa.

Section 6—Sanitary Technology, Dr. W. P. Mason, Chairman, Troy, New York.

Section 7—Veterinary Police, Dr. Samuel H. Gilliland, Chairman, Marietta, Pa.

Section 8—Dental Pathology, Dr. George V. I. Brown, Chairman, Milwaukee, Wis.

Section 9—Exhibition of Hygiene, Dr. Alexander C. Abbott, Chairman, Philadelphia, Pa.

It will not be necessary for one contributing a paper or exhibit to the Congress to be present in person. Arrangements will be made to have contributions suitably presented in the absence of the author.

The official languages of the Congress will be Spanish and English.

Members of the following professions are eligible to present papers or exhibits: Medicine, Pharmacy, Chemistry, Dentistry, Veterinary Medicine, Engineering and Architecture.

Papers may be sent direct to the Chairman of the particular section for which they are intended, or to Dr. Alfred Reginald Allen, Secretary, 111 South 21st Street, Philadelphia, Pa.

Pellagra—A Suggestion.

Editor Charlotte Medical Journal:

Dear Doctor:—

In connection with thousands of others, I have read with the deepest interest the collection of papers on pellagra in your journal for the current month. The point that has most strongly impressed me is the fact that the disease commences in the alimentary canal, and most of the symptoms may be attributed to the hypothesis that there is received into this tract a specific pathogen, which there luxuriates and produces a toxin that is thence absorbed into the blood and acts on the nervous centers disastrously.

If my old schoolmate, Dr. Pixley, is correct as to the general poisoning with the fatty acids, these are generated in the bowels. This view would place the malady

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among the toxemias rather than the septicemias; but even if some microorganisms really have penetrated to the blood we may yet have a large proportion of the symptoms due to toxin absorption from those at work in the bowels.

Taking this view of the disease it seems that we might with propriety apply to the treatment Dr. Abbott's slogan, "clean out, clean up, and keep clean". Let the patient have a few full doses of calomel, followed by oil or salines, and sulphocarbonate of zinc in full doses up to a dram a day; and note if there is any change in the situation. At least we lose nothing by the trial, and since the best results as yet reported have been from arsenic, itself a useful intestinal antiseptic. there is a possibility that we may clear up the pathology and hit upon the treatment at the same time.

Respectfully submitted,

George Bastable Simpson, M. D.

Parkersburg, W. Va.

Resolutions Adopted by Chicago Medical Society, January 11, 1910.

WHEREAS, the Chicago Medical Society is an integral part of a constituent society of the Ameriean Medical Association, and therefore vitally interested in the welfare of that organization, and

WHEREAS, certain conditions exist which menace the best interests of the members of the American Medical Association, and of the profession at large;

THEREFORE, BE IT RESOLVED, That the Chicago Medical Society in council assembled recommends the following changes in the policies and management of the American Medical Association, viz:

1. The laws should be so amended that no one person will be permitted to hold, at the same time, more than one executive or honorary office in the Association.

2. The office of General Secretary, and the positions of Editor and Manager should be permitted to fill more than one of these places at one time.

3. The offices of Editor and Secretary should be filled only by men educated in regular scientifie medicine and of unimpeachable professional records.

4. The number of Trustees should be increased.

5. All officers and employes whose duties involve financial responsibtlity should be bonded.

6. The laws governing admission to membership in the American Medical Association should be so amended as to make it mandatory upon the Secretary to enroll applicants who have complied with the provisions of the by-laws governing the same.

7. Space should be set apart in the Journal for free and courteous discussion of the policies and methods of the Associn, oatior for any other matters which may appeal to the membership at large as bearing upon the interests of the Association.

8. Provision should be made for the initiative and referendum.

9, No member should be expelled from the Association without a fair trial and full hearing.

10. No person who is a general officer or member of the House of Delegates or Board of Trustees or employee of the American Medical Associatlon shall be eligible to serve as a general officer or member of the House of Delegates, or Council, of any constituent Association.

11. BE IT FURTHER RESOLVED, That the Secretary of the Chicago Medical Society be instructed to publish these resolutions in full in the Bulletin of the Society, and to transmit a copy of the same to the Journal of the American Medical Association and to the editors of the various state journals.

Digitalis: The Action of Its Certain Group Upon the Vagus Nerve.

1. The retardation of the pulse observed after the intravenous injection of substances of the digitalis group, due to stimulation of the vagus, is partly dependent upon the rise of blood-pressure produced by these sub stances in the proper dosage. This rise of blood-pressure may exert a weak stimulation upon the intercardiac inhibitory apparatus of the heart, but its chief effect is retardation of the pulse by way of reflexes passing from the sensory nerve terminations in the heart through the vagus to the vagus center.

2. An increase of intracranial pressure, as might result in stimulation of the vagus center, does not enter into consideration for the causation of the retardation of the pulse-rate.

3. The heart-beat being still considerably retarded as compared to the normal standard, after omission of the rise of blood-pressure, and increase of intracranial pressure not participating in the vagus stimulation, the diminution of the pulse-rate may be interpreted in part as a direct effect upon the vagus.

4. The stimulation of the vagus by digitalis preparations is to be interpreted as a central and peripheral effect. No peripheral effect upon the vagus could be observed by the action of strophanthin. Digitoxin has a weak and inconstant influence upon the periphery of this nerve. Adonidin, in the majority of cases, produces a moderate stimulation of the intracardiac vagus terminations.—Archiv. Internat. de Pharm. et de Therap.

An Easy Method of Removing the Nail of the Great Toe by Compression.

Tytler, in the British Medical Journal, says that, in his opinion, the treatment of ingrown nail by the ordinary operation of erasion is undoubtedly a method of barbarism. There are many variations, and the author expresses himself as surprised that the following method has never been described. He reports his last case: A commercial traveler, aged about forty, had suffered for some months with ingrown nail of the great toe. On its inner side it was inflamed and suppurating. First of all he applied a compress of lead and opium for twenty-four hours. Then a tape was tied round the root of the toe till it produced intense congestion. Then he took a large Pean forceps with long parallel blades, and compressed the nail in the middle of the inner half with moderate firmness. A check as to the amount of compression can be introduced between the handles so as to prevent excessive pressure. Much less force is required than would be supposed. Then the toe was again wrapped in lead and opium lotion for three days. Then the inner part of the nail was found discolored and loose, so that it was easily removed with the scissors without any bleeding save a few drops from the root of the nail.

In all, he has removed the great toe-nail five times by this method. The force applied need not be great, and if it produces no result (which the author states he has never found) it can always be applied again. In one case a young lady applied the pressure herself, as she would not permit the author to do it, and it was successful. In another case, in which the toe was very inflamed and very tender, and the patient was afraid of the process, which the author had explained, he applied the blades very slightly, not expecting any result, but just to give him courage so that he could apply it more firmly next time. To his surprise the result was perfect. Previous to this the author had used much greater force.

Next, as to the place of application, it is better not too close to the edge of the nail. In his first attempts he applied it quite close to the edge, causing very free bleeding, and not producing a dark, contused appearance, but a thin white line along the compressed part. To give the best results the force, he finds, should be applied to the middle third of the half of the nail on the side affected. No anesthetic is necessary. Lead and opium lotion he found better than cocaine.

Genetous Types of Imbecility with Ptosis.

Barrett, of Dublin, discusses this type of idiocy in children. A form of degeneration, distinctive because of the absence of such characteristics, such as cretinism, mongolism, etc. The names given for this group may be "genetous," "unclassifiable" and cases of "simple primary dementia." Within this group may be found cases ranging from idiocy to mere backwardness, from children who can neither walk nor talk to those who may possibly be able to earn a livelihood. One of the principal signs in this group of cases is double congenital ptosis. This is due to deficiency of the third nerve or nucleus, other signs of third nerve paralysis, strange to say, are wanting as diplopia and strabismus. The author quotes Dr. W. A. Potts in referring to the etiology of this group of cases, who states that alcoholism in an early generation is responsible, not so much "drink" in the parents. The author then goes on to describe a case with single ptosis and reviews the signs of degeneration.—British Journal of Children's Diseases.

HYDROLEINE

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Gastric Ulcer in Children.

Lansier (Theses de Paris) has collected 18 cases, one of which is original, of gastric ulcer in children whose ages ranged from 2 months to 14 years. Ten occurred in girls, 8 in boys. Four cases were associated with infantilism. Two reasons are given for the rarity of gastric ulcer in chil-

dren: (1) Hydrochloric acid is secreted in much smaller quantities in children, especially during the first years of life. (2) The food passes much more rapidly from the stomach into the duodenum in children. Most cases are latent, but in some there is an early history of indigestion; in others oepeated haematemesis or sudden perforation following a violent effort or emotion. Diagnosis is rarely made during life; the usual solution being peritonitis. Pain was present in half the cases, but was never acute except in perforation or stenosis. Haematemesis was absent in two-thirds of the cases. Perforation took place in more than one-third of the cases, Half the cases ended fatally. Treatment should consist of complete rest of the stomach.—British Jour. of Child. Dis.

Appendicitis and Diseases of the Adnexa.

Paul Segond finds that appendicitis and diseases of the adnexa are frequently found together, and have a causative relation. The intimate relations of these two structures, their connection by a ligament, a chain of lymphatic, and the peritoneum and subperitoneal cellular tissue, all tend to account for the propagation of inflammatory lesions from one organ to the other. The two may be combined, the suppurative cavities being connected, or there may be only a surface lesion of one organ, while the disease of the other is fully developed. The diagnosis between an appendicitis and a right-sided inflammation of the adnexa is very difficult. When there are digestive disturbances in a salpingitis the appendix should be carefully examined. When a laparotomy is done for disease of the adnexa the appendix should be carefully sought for and if there is any suspicion of disease it should be removed. The indications for operation in all suppurative cases are imperative. When operation is to be undertaken in adnexal disease, if there is suspicion of appendicitis no vaginal operation should be done, and a median incision of the abdominal wall should be preferred. —Gazette Medicale de Paris.

Mammary Opotherapy in Gynecology.

Batuaud describes a diminution of size of fibroid tumors of the uterus, especially of pure myomata, and a lessening of hemorrhages from the ingestion of the powdered substance of the mammary glands. Mammary opotherapy is indicated whenever we have too abundant menstruation, too short intervals between the catamenia, too prolonged periods, or hemorrhage between the regular periods. The medication brings back the normal rhythm of menstruation as to frequency, amount, and duration. It is useful in the menorrhagia of puberty, in young females with ovarian causing metorrhagia, in salpongo-oophoritis with menorrhagia, and in metrorrhagia of fibroid tumors. It is also useful in hemorrhage of uterine sclerosis and other hemorrhages of the uterus at the menopause not allied with malignant growths. It is useless in hemorrhage from placental retention and from mucous or fibrous polypi. The dose is two powders of .50 grams per day, before meals. In hemorrhage between the periods there should be the same dose taken daily, and twice as much at the time of hemorrhage. —Journal de Medicine de Paris.

Galvanization of the Thyroid Gland and the Menstrual Function.

Galante says that there is a special relation between the diseases of the thyroid gland and the functions of the sexual organs. This is shown especially in exophthalmic goiter, in which the disease is accompanied by lack of sexual desire in the male and even impotence, and in the female by disturbances of menstruation. In the initial period of high tension there is metrorrhagia, while in the stage of cachexia amenorrhoea takes its place. The author details three cases of goiter observed by himself in which these relations were well shown. These cases demonstrate the necessity of early intervention in the treatment of exophthalmic goiter in order to obtain a cure. Galvanization of the thyroid gland has a marked influence on the menstrual function. The presence of pregnancy in this disease makes it necessary to use the greatest prudence in the use of this treatment, since abortion may be produced. In cases of dysmenorrhea accompanied by hyperthyroidismus, galvanization of the thyroid gives surprising results. The author believes that if this treatment be made use of in the acute psychoses which accompany Basedow's disease and disturbances of menstruation it will have an excellent effect.—Annali di Elettricita Medica e Terapia Fisica.

THE JOURNAL keeps, for the benefit of its subscribers, the names and addresses of all unemployed nurses who reside in Charlotte. Direct telegrams and phone messeges to the Charlotte Medical Journal for information.

Quinine and Cancer.—Strone (Med. Klinik.) has used the pure alkaloid and its salts in many cases of epithelioma, and in all instances he has observed the same sequence of events, viz., formation of tissue-detritus, great increase in the size of the sore, scar formation with ultimate healing. The writer offers the following practical therapeutic hints:

1. The quinine is mixed with water to a pulpy mass and spread on the wound by means of a pledget of cotton.

2. The dressing (bandage) is changed every two days.

3. The quinine is employed as long as the sore seems to increase in size from one dressing to another.

4. This treatment is a good means of differential diagnosis, especially when we have to decide between beginning epithelioma of the cervix and an ordinary erosion.

5. It is also a priceless means for the palliative treatment of inoperable cancer of the uterus, and especially of the portio and vagina.

6. He also believes that before performing a radical operation, it would be practicable to treat a uterine carcinoma with quinine for a few days, especially if there is any doubt whether the lesion is cancerous or inflammatory in nature.

Treatment of Cholelithiasis and Cholecystitis.—Friedemann (Beitr. z. Klin. Chir.) reports 279 operations performed in 1901 to 1907, with a mortality of 16.1 per cent. The cases comprised acute cholecystitis 13 operations, one death; chronic recurrent cholecystitis, 46 operations, three deaths; closure of the cystic duct (hydrops, empyema), 42 operations without a single death; closure of the choledochus, 43 operations, 12 deaths; and cases characterized by severe complications or irremediable disease (cancer, ecchinococcus, peritonitis, liver abscess, etc.), 11 operations and 9 deaths. The customary incisions were lateral through the fibers of the rectus muscle or pararectal longitudinal. The gallbladder was punctured, incised between two clamps, and after exploration provisionally closed by clamps, until the ducts had been palpated. The simplest and least dangerous operation was cystostomy, which gave a mortality of only 1 per cent., as compared with 2 or 2.5 per cent. from cystectomy. In 92 cases of conservative operations there were only two deaths, while the permanent results were not unfavorable, recurrences being rare. Of the 217 cases which survived, including 102 cystostomies, 85 per cent. were treated by the conservative method and have since remained in excellent condition. Of 15 patients treated by cystectomy, 5 were in good health, while 4 presented slight disorders and 2 recurrences of colic.

Senile Dyspepsia.—Fenwick, in The London Medical Lancet, states that the treatment of senile dyspepsia is essentially the same as that adopted in the allied conditions of achylia gastrica and atrophy of the stomach. Mastication must be performed in an efficient manner, and new teeth should be inserted when necessary. The state of the mouth requires careful attention, and a wash composed of Condy's fluid, boric acid, or other antiseptic should be employed after each meal. Special precautions must be taken to protect the patient from exposure to cold, and it is advisable that a woolen or flannel belt be worn next to the skin of the abdomen both summer and winter. Fluids always increase the tendency to flatulence, and consequently beef-tea, broths, and soups should be avoided, and only a small quantity of hot water be allowed at the end of the principal meal. Tea always disagrees, and the various sweet preparations of cocoa are apt to excite gastric fermentation; but a palatable beverage may be prepared from the cocoa nibs or husks. Some individuals are able to take coffee without discomfort. The addition of a tablespoonful of brandy or whiskey to the hot water taken after meals is often of value in allaying the epigastric distention, but wines, malt liquors, and effervescent drinks must be avoided. Raw milk should be prescribed with caution, and in most cases it requires to be diluted with lime-water, mixed with citrate of sodium or peptonized, before the patient can digest it. The fact that subacidity always exists renders it necessary to restrict the diet to finely minced white fish, chicken, game, brains, tripe, sweet-breads, calves' feet, eggs, and scraped or pounded raw meat. Green vegetables and raw fruit always increase the indigestion, but cauliflower, seakale, stewed celery, and asparagus may be given in moderation, or a baked apple may be taken with the midday meal. Toast is preferable to bread, while buns, cake, and pastry must be prohibited. Fats may be allowed in mild cases and cod-liver oil is often of much benefit, but in advanced cases fatty substances are apt to produce nausea and diarrhœa. The various digested and semi-digested cereal foods, maltine, and sanatogen help to vary the diet, but barley, oatmeal, and rice must be given with caution.

The main indications for medicinal treatment are to correct the subacidity and to relieve the flatulence and constipation. For deficient digestive power of the stomach it is customary to prescribe dilute hydrochloric

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acid after meals in combination with pepsin, papain, or other artificial digestives, but when given in the ordinary way the mineral acid seldom produces any good effect, while pepsin and its allies are useless. A better plan is to administer 6 ounces or more of a 0.05 per cent. solution of hydrochloric acid, combined with one and a half drachms of glycerine, twice a day after the principal meals. As a rule, the best aid to gastric digestion is to be found in the administration of lactic acid bacilli in the form of Metchnikoff's sour milk. If this is properly prepared and a tumblerful be taken with the meals each day many of the dyspeptic phenomena vanish after about a fortnight and the flatulence is greatly relieved. According to my experience the various tablets composed of lactic acid bacilli at present on the market are of very little value. Maltine and takadiastase are chiefly of use when intestinal dyspepsia exists and should be given with the meals. Tonics always increase the flatulence and even the various bitters prescribed with the view of stimulating the appetite usually disagree after a few days. In order to relieve an attack of flatulence a draught containing ammonia, ether, and spirit of cajuput is usually employed, but a far better remedy is to be found in the alcoholic essence of peppermint introduced by Ricqles and now obtainable at most of the large chemists in London. One teaspoonful or less in a sherry-glassful of water seldom fails to relieve the feeling of distention or an attack of wind colic. For the constipation, salines and mineral waters should be avoided and recourse be had to a mixture of cascara and maltine, a confection of sulphur and guaiacum, the infusion of senna pods, or to an occasional dose of grey powder.

The Use of Fats in Tuberculosis.

The importance of nutrition in tuberculosis has been recognized, and dwelt upon since the time of Hippocrates, the disease being essentially a disease of tissue waste of pronounced character, producing from its very inception a condition of general emaciation, and inanition has led the very earliest observers to assume and recognize the fact that the nutrition of a patient is a reliable guide as to the progress of the disease, and its very importance is evidenced by the fact that nutrition is to a very great extent the measure of nature's constructive efforts towards an arrest of a diseased process, thus even today we recognize an increase of weight, within certain limits, as a safe criterion of the tendency of the invalid towards restoration to health.

Unfortunately even today authorities differ as to the method, means, and kind of diet most beneficial in tuberculosis. There is no fixed theory in regard to it, conflicting theories prevail, "stuffing" a patient has become a common practice, and many a consumptive has gone to his grave laboring under the fallacious idea that the ingestion of large quantities of milk and eggs is essential, if not actually a specific in the treatment of this disease, such a conception, or rather misconception, is the most difficult to overcome, and is a source of great annoyance in practice, to overcome this. Some authorities devise a varied diet, catering to the appetite of the patient, others a special diet consisting of a definite quantity of food, while still others advocate the construction of the diet by prescription representing a definite arrangement of constituent elements of a definite caloric value, each of these methods do not seem to take the patient as an individual into consideration. From my personal experience, I am still convinced that I was correct in advocating before the American Tuberculosis League more than five years ago, that in regard to diet, "each individual case must be separately studied, and diet prescribed to suit the case. It is far better to let a patient have a varied diet, nutritious in character, which he can assimilate rather than stuff indiscriminately with a restricted regime of diet."

We must always bear in mind that the relative proportion of ingested fats. proteids and carbohydrates per kilo of body weight has no invariable relation to the nourishment of the individual, that is, the caloric value of the food eaten by the patient is not a criterion of the caloric energy imparted through the process of digestion, and assimilation, therefore, in view of the various functional and organic changes so common to tubercular patients, it becomes at once apparent that the diet of importance is not so much the definite quantity of food, nor the relative proportion of its ingredients, but rather the completeness of its subsequent assimilation, and the reduction of its strain upon digestion.

Fats meet this condition most admirably, as by the use of same we can obtain more than double the value of energy producers than by either the proteids or carbohydrates, its by-products is entirely harmless to the organs of excretion, and their presence in the circulation are less deleterious than the by-products produced by the metabolism of proteid oxidation, and when a suitable form is used, is more easily digested and readily assimilated.

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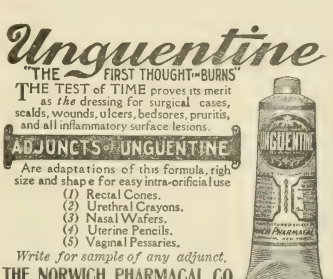
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of the subcutaneous fat, and long before any scientific investigations have been made, the results from its use have led clinicians to believe that it exerted specific action in this disease, but unfortunately cod-liver oils and numerous other fats which were used, its extreme nauseating character, its difficulty of digestion, and its consequent disturbance and deleterious effect upon the digestive organs, had led many to abandon its use.

In the cotton-seed oil emulsion, we have all these features eliminated, when given properly, it is borne by the most delicate stomach, and in my experience with same at Pine Ridge Sanitarium, I have not yet had a patient who under proper administration experienced any difficulty in taking it, in fact, most patients grow to like it, and its superiority over other preparations is evidenced by the following cases, which have taken other oils and emulsions which become repulsive to them, but readily took the cotton-seed oil with a rapid improvement in digestion and nutrition as evidenced by their gain in weight.

Case No. 1.—T. H., female, age 14, school girl. Family and previous history negative. Began coughing and losing flesh a year ago. Had hemorrhage, and was troubled with night sweats. Lost 42 pounds in the last 10 months. Has been under treatment for the last 8 months of her home physician, and in addition to her general treatment has taken various forms of cod-liver emulsions. She complains of anorexia and a feeling of repulsiveness at the thought of either milk or eggs, or any form of the oil emulsions. Examination of the stomach contents shows a marked increase of lactic acid, and abundance of yeast cells. Under suitable treatment the distressing stomach pains disappeared within 10 days. Patient was given cotton seed oil, beginning with one teaspoonful three times a day, gradually increasing to tablespoonful, four times a day. At no time during its administration has the patient objected to its taste or had any disagreeable feelings after its administration. Patient was dismissed from sanitarium cured, after a stay of three months and 21 days, with a gain of 32 pounds.

Case No. 2—W. H. C., male, age 28. In addition to his tubercular involvement, patient suffers from anorexia condition; has pains over his epigastric region, vomits most any food given to him. Patient was put on cotton seed oil emulsion two weeks after entering sanitarium. Condition of patient improved gradually. Was taking the emulsion until his dismissal from the sanitarium, and a gain of 35 pounds in weight was shown. Subsequent inquiry shows that the patient continued to take this emulsion for five months after leaving the sanitarium, at no time feeling any discomfort or unpleasantness from its use.

Case No. 3.—C. A. B., male, age 30. In addition to his tubercular trouble, patient is emaciated, weak, short of breath, running an evening temperature of 101 with sub-normal temperature in the early morning. Has no desire for food, and has taken a fat emulsion for the last 10 weeks which only nauseated him. Patient was put on cotton seed oil emulsion on the first day on entering sanitarium; same was kept up without any counter-indications either on part of patient or condition until his dismissal four months later, showing a gain of 34 pounds.

Case No. 4.—J. W. R., age 35, traveling salesman. Gives tubercular history extending over a period of five years. Last three months has lost weight rapidly, and has been taking cod-liver oil for the last 10 days. Patient's digestion very much upset. He claims he cannot take the oil, and has to vomit it up immediately on taking it. Same patient experienced no unpleasantness when put on the cotton seed oil emulsion, and shows a gain of 22 pounds for three months, when patient left the sanitarium.

Case No. 5.—H. C., male, bookkeeper. Was emaciated, and complains of continual pains in stomach on taking food of any kind. Began taking milk and eggs. Is nauseated most of the time. Was put on cotton seed oil emulsion one week after admission to the sanitarium, and has made steady improvement under its administration. Is still at the sanitarium, having gained 18 pounds in the last 10 weeks.

Case No. 6.—C. B., female, age 51. Has difficulty of digestion, and cannot take fatty food of any description. Was put on half teaspoonful of cotton seed oil emulsion, which dose was gradually increased without any complaint on part of the patient. Patient's condition improved and eventually showed a gain of 32 pounds at the end of six months.

These cases are cited not as an exception, but they represent only a few from a vast number of similar cases, where the superiority and value of cotton seed oil was manifested from the very beginning, and if we agree with the universal statement of all authorities of tuberculosis, that the most reliable guide of the patient's improvement is his gain in weight, we possess in cotton seed oil emulsion an agent of the utmost and vital importance in the management and treatment of this disease.—Louis C. Rouglin, M. D., Atlanta, Ga., Ex-Vice-President American Anti-Tuberculosis League, Secretary Georgia Anti-Tubercu-

losis League, Member American Medical Association, Secretary Southern Sanitarium Association, Physician to Pine Ridge Sanitarium for Tuberculosis, etc., Atlanta, Ga.

Causation of Angina Pectoris.

Bramwell notes that in the great majority of cases of angina pectoris, the pain radiates down the left arm, sometimes down both arms, and very rarely down the right alone. He believes that in most cases the sequence of events is as follows: First. A sudden strain is thrown on the left ventricle due to exercise or a sudden increase of the peripheral resistance. It may be merely relative to the weakened ventricle. In some instances in which the cardiac nerves or muscles are diseased the attack arises independently of any sudden exertion. Under such conditions a strain on the ventricle which under ordinary circumstances would not be attended with cardiac pain would be sufficient to produce the condition. Second. In consequence of this strain those of the left ventricle fibers which are degenerated either as a result of deficient blood supply or of degenerative changes in the cardiac muscle irritation of the cardiac sensory nerves is produced. The exact cause of the irritation of these nerves is not clear and this seems to the author to be the point in angina pectoris which needs to be cleared up. It may be spasmodic contraction of some of the fibers or perhaps increased tension in the cavity of the ventricle. Third. Irritation of the cardiac sensory (afferent) nerves in the wall of the left ventricle is reflected by the sympathetic branches of the cardiac plexus distributed to the left ventricle and the spinal cord in the form of pain to the periphery. This explanation is in accord with the following clinical facts: First. That the exciting causes of angina are increased muscular action and conditions which produce increased pressure in the peripheral arterial circulation, second, That in many cases the paroxysm is at once relieved by rest and by remedies which rapidly reduce arterial tension and so take off the strain from the left ventricle and, third, that in some cases of angina pectoris the attacks of angina disappear with the development of mitral regurgitation. In addition the author believes that in those instances in which both arms or the right alone is affected the cause of the pain whatever the exact lesion may be is referable to involvement of the root of the aorta or of the aortic arch. Another explanation of the pain in the right arm is to suppose that the nerve terminations in the wall of the right ventricle have become irritated. The most constant pathological change found in fatal cases is atheroma of the coronary arteries. As a result of muscular effort the blood supply may be suddenly diminished and the attack consequently occurs. We have alluded only to some of the interesting points brought out in this able paper.—Berliner klinische Wochenschrift.

The Leucocyte Formula in Variola.

Montefusco says that in variola the leucocyte formula is changed in a way which differs from that present in other acute infections. Instead of the polynuclears, the mononuclears are increased. This change begins with the beginning of the disease and ends when the crusts have fallen. The mononuclears are in the proportion of sixty per cent., and include both small and large cells and a small number of lymphocytes. Forms analogous to the neutrophile myelocytes are also found. The polynuclear eosinophiles diminish toward the end, while they are increased in the beginning. In a recent epidemic of smallpox the author examined the blood in fourteen cases. He found that the polynuclear neutrophiles are diminished in all forms of the disease. The polynuclear eosinophiles are increased up to eight and a half per cent. in the ordinary

forms of smallpox. The mononuclears increase from eight to eighteen per cent. in the hemorrhagic form, and to forty per cent. in the ordinary form. There is a special relation between the increase of the mononuclears and the severely clinical form rather than of the suppurative process. The lymphocytes presented a constant increase in all forms of the disease; the same is true of the myelocytes. The leucocyte formula is characteristic in its general lines, but is not sufficiently different from other diseases to enable us to make a differential diagnosis by means of it.—Giornale Internazionale delle Scienze Mediche.

Hernia of the Ovary in Infants, with Reference Especially to the Operative Treatment of the Affection.—Nicoll (Edinburgh Medical Journal) comes to the following conclusions:

1. Hernia through the inguinal canal in female children is common under one year, or one year and a half, uncommon over that age.

2. Hernia in that site almost invariably contains the ovary in infants under eighteen months. Hernia in that site which develops in children over eighteen months comparatively rare contains the ovary.

3. Hernia of the ovary in infants under eighteen months occurs into the patent canal of Nuck, which constitutes the sac. The contents of the sac are—the ovary—as a rule accompanied by the Fallopian tube (usually the free extremity; occasionally a "loop" of the middle portion), and, in less than 20 per cent., by intestine or omentum. The ovary may be reducible or not.

4. The descent of the ovary is probably connected with the presence of an overstrong or abnormally short round ligament, that structure then acting in a way analogous to that of its homologue in the male, the gubernaculum testis. In nearly all the cases operated on a well-developed round ligament has existed, enfolded in the posterior wall of the patent canal of Nuck, and disappearing above under the mesovarium.

5. The patency of the canal of Nuck is related to the presence of the herniated ovary, as is, in the other sex, the patency of the processus vaginalis to the presence of the testicle in cases of incomplete descent of that organ. Both ovary and testicle are extra-peritoneal, and both invaginate the posterior wall of the patent peritoneal cul-de-sac. By this invagination the herniated ovary acquires a mesovarium. This was found in many of the cases, attaching the ovary to the posterior, or postero-external wall of the sac, and so disposed as to be partly extra and partly intra-abdominal, thus suggesting a prolapse of the outer portion of the broad ligament.

6. Hernia of the ovary in infants otherwise normal is occasionally bilateral. So-called bilateral hernia of the ovary associated with abnormalties of the external genitals—pseudo-hermaphrodism—is problematical. In such cases exploratory operation reveals a testicle and not an ovary. That, at least, has been my experience in seven cases.

7. Encysted hydrocele of the canal of Nuck is quite uncommon in infants.

Hernia of the ovary appears to tend to a natural cure during the second year of life. . . . In other cases spontaneous disappearance of the ovary from the patent inguinal canal is succeeded by the appearance of an enterocle or epiplocle.

A Case of Carcinoma of the Jejunum; with Remarks on Malignant Disease of the Small Intestine.—Keyser, in the London Lancet, reports a case of primary cancer of the jejunum with extensive infiltration of the abdominal cavity, in which death was due to perforation of the growth. The author's statistics show that primary cancer of the jejunum is extremely rare, only 12 cases having been reported. Cancer of the ileum, on the other hand, is not infrequent, while cancer of the duodenum occurs as frequently as cancer of the ileum and jejunum together. The symptoms of cancer of the small intestine are practically those of cancer of the upper part of the colon—viz: pain, often colicky in nature, a tendency to constipation, with occasional diarrhea, anemia, and, in the final stages, cachexia. When palpable, the tumor is, in the majority of cases, felt in the iliæ fossa, most commonly in the left. Of the 12 cases, 4 died of perforation. In several of the reported cases, the neoplasm was an accidental find at autopsy.

A New Method of Producing Local Anaesthesia in the Limbs.—Bier (Arch. f. klin.) describes the technique of this method, by which he has painlessly performed such operations as excision of the knee or elbow. The region to be anæsthetised must first be rendered bloodless. This is done by the application of an Esmarch's bandage from the periphery of the limb to a point above the site of operation. At this latter point a tourniquet is applied, consisting not of a hard or narrow band, which would be painful, but of a sterile, soft, thin rubber bandage wound many times rouud a considerable length of the limb. A second similar bandage is applied a little below the field of operation. A subcutaneous veiu is selected, such as the long saphenous

in the lower extremity, the cephalic, basilic, or median in the upper. The vein is opened near the proximal bandage, exactly as for intravenous infusion, infiltration anæsthesia being used if required; the central end is ligatured, and an infusion cannula tied into the peripheral end. By means of a syringe a solution of novocain in normal saline, without addition of any adrenal preparation, is introduced, considerable pressure being sometimes required to overcome the valves in the vein. The average quantity for an operation such as a joint excision is 40-80 c.cm. of a 0.5 per cent. novocain solution, or 100-150 c.cm. of a 0.25 per cent. solution. The former strength is recommended as more reliable. The limb between the two bandages swells, and the skin becomes whiter. Not only does this region become anæsthetic, but also the whole peripheral part of the limb beyond bandage, so that there is produced an "indirect" as well as a "direct" anæsthesia. The onset of the direct anæsthesia between the bandages is, when 0.5 per cent. novocain solution is employed, immediate; with weaker solutions one must wait for 2-15 minutes. The indirect anæsthesia beyond the distal bandage does not set in so rapidly, but generally becomes complete. Apparently the deeper parts are affected before the skin, as a sensitive joint can often be moved painlessly before a skin incision can be made. At the conclusion of the operation, but before the wound is closed, the distal bandage is removed, and the proximal is loosened sufficiently to allow a little bleeding so as to wash out part of the novocain. The proximal bandage is then retightened, and the stitches introduced. Motor paralysis of the whole peripheral part of the limb almost always follows the sensory. Both sensory and motor paralysis disappear almost immediately when blood is allowed to re-enter the limb; occasionally they persist for a few minutes, the longest observed interval being 7 minutes. This corresponds to the known transitory action of novocain without addition of adrenal preparations.

The possibility of dangerous consequences from injecting considerable quantities of novocain directly into the circulation will at once occur to one's mind. Bier has only one case in which transient and not severe symptoms occurred which might possibly, though not certainly, be attributed to this cause. He believes the following to be the causes of this absence of danger:—(1) A weak solution of novocain is used; (2) solutions in water, and especially in normal saline, quickly pass through the vein wall into the tissues; were this not so, anæsthesia would not occur; (3) the operation is bloodless, and it is well known that such circumstances subsequent absorption of the poison is slower; (4) much of the drug escapes through the operation wound. If, however, a large quantity of 0.5 per cent. novocain solution has injected, the cannula may be left in the vein, and, before the tourniquet is removed, the vascular system of the limb beyond can be washed out with normal saline solution, the fluid escaping by way of the operation wound.

As examples of operations performed under this form of local anæsthesia may be mentioned excision of the elbow and knee, amputation through the leg, sequestrectomy in connection with forearm and leg, as well as forcible movements of stiff joints. While Bier does not consider that the new method will supersede present methods of local and regional anæsthesia where these are applicable, he believes that with further development of technique it will enable operations of every kind to be performed painlessly on any part of the limbs which can be rendered bloodless.

Herpes Febrilis Attacking the Fingers.—Adamson (British Journal of Dermatology) says: although herpes febrilis affects areas where skin joins mucous membrane, cases are sometimes seen in which the eruption is situated on parts of the skin at some

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distance from mucous membrane, and most works on skin diseases mention the fact that recurrent febrile herpes may appear upon the cheeks, the neck, or the buttocks, often occurring again and again in the same spot. Crocker quotes a case of Barthelmy of "an old woman dying of pneumonia, in whom some patches on the chest, with very large vesicles, were referable to herpes febrilis rather than to zoster." I have, however, been unable to find any reference to cases of febrile herpes attacking the fingers. He furthermore adds that the notes of the cases of the three children which he records are of sufficient interest to be recorded.

Adenoids and Nocturnal Enuresis.—Williams (British Journal of Pediatrics) says that adenoids and noctural incontinence do not stand, in any cases, causal relationship to one another, and that when they happen to be associated they are due to ac ommon cause, namely, an insufficience of the internal secretion of thyroid gland. The majority of Williams' cases of enuresis which were successfully treated by thyroid extract showed a subnormal temperature at the outset, and the temperature gradually rose to normal as the incontinence subsided. This depression of temperature, especially at night, is a marked and characteristic feature of complete myxodema, and it is. therefore, not surprising, that it should appear to some extent in minor cases of thyroid insufficiency.

Hysterical Sweat.—Curshman (Munchner Medicinische Wochenscrift) reports two cases of hysterical sweating occurring in a mother and daughter. The sweats came on three times daily for a year, and always at the same hour. Physical examination was negative and there was no evidence of an organic nervous disease. The history and suggestibility of the patients lead to the diagnosis of hysteria. Suggestive treatment proved the diagnosis to have been correct, as both mother and daughter recovered promptly. Several authors have reported cases of hysterical sweating. The sweat paroxysm often occurs when they are especially afraid of it. He is of the opinion that these cases speak in favor of the probability and reality that purely hysterical fever may occur in certain patients. Typical fever reaction has been observed by investigators with tuberculin in patients entirely free from fever by the mere suggestion and introduction of the hypodermic needle without injecting tuberculin.

Local Treatment with Marmorek's Antituberlosis Serum.—Clement and Jacobson (Journal des Practiciens) report a case of tuberculosis of the bladder, in a female patient, treated locally with Marmorek's serum. After eight months of the ordinary local treatment, the patient's complaint grew worse. She urinated 26 times in 24 hours, the urine containing pus and tubercle bacilli in abundance. Appetite bad, vomiting frequent, weakness. Twelve subcutaneous injections with Marmorek's serum had no effect on the bladder trouble. Finally, the authors injected every other day, after washing the bladder with boric acid solution, 5 cc. of the serum into the bladder, while 5 cc. of the serum were given per anum on the days between injections. After 24 days the frequency of urination was diminished to 14 times in 24 hours, while the general condition of the patient improved greatly. The same treatment was continued for another 24 days, after which all her symptoms had disappeared. Tubercle bacilli were not found any moro. One year afterwards the patient was again examined and no symptoms whatever of the tuberculous condition were found.

Treatment of Moderate Degree of Pelvic Contraction.—Kupferberg (Zentrabl. f. Gynak.) lays down certain rules regarding the management of labour in moderate degrees of pelvic contraction. When possible, premature labour is artificially induced between the thirty-second and thirty-fourth weeks of gestation; previously the maternal pelvis and the fœtal head have been investigated under an anæesthetic to determine their relative size. If the patient be in labour at the full term and the infant be dead, the fœtal head is perforated and the child removed by the cranioclast. If, however, the child be alive, and the examination under anæsthesia shows disproportion between the head and the pelvic brim, then in a primipara suprasymphysary Cæsarean section should be performed, the bladder being distended beforehand, and in a multipara hebosteotomy (Bumm's or Doderlein's method) should be preferred, and a spontaneous delivery waited for.

Treatment of Syphilis of Atoxyl.—Charmeil, Berlin and Poiteau (Brit. Med. Journal) have used atoxyl in the treatment of numerous cases of syphilitic disease, and a paper on the above subject gives the results obtained by them. With regard to the physiological properties of atoxyl, the authors point out that the drug is eliminated by the skin and especially by the kidneys and in some cases causes a transitory albuminuria. Elimination, however, is not always rapid and like mercury to accumulate in the system. Koch, Hallopeau, etc., have shown that the drug possesses toxic

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properties, and its administration may cause headache, vertigo, deafness fever, vesical tenesmus, retention of urine, and especially blindhess. For these reasons it is prudent not to exceed 0.5 gram as dose, and not to repeat the dose oftener than every other day. Further, it is wise not to continue the drug for more than ten days, then to allow an interval of fourteen days to elapse before entering on another ten days of treatment. When given, subcutaneously or injected into the muscles (the two common modes of administration) the drug gives rise to no local disturbance. In many patients whom the authors have treated with atoxyl injections soon after the appearance of the primary chance they have found that secondary symptoms of syphilis have appeared late, but that the disease has ultimately pursued its usual course. Out of 30 patients presenting various syphilitic manifestations which were treated by atoxyl injection by the authors, in all the general health appeared markedly improved; this, as the authors admit, may possibly have been due to a better condition of life and better hygienic surroundings of the patients whilst in hospital. On the actual syphilitic manifestations atoxyl appeared to have a very slow effect, and primary chancres remained stationary for a long time, in spite of atoxyl treatment. With regard to secondary syphilitic lesions, the authors found that mucous patches rapidly disappeared under atoxyl injections, whilst in other cases of secondary syphilis not very favorable results have been obtained. In tertiary syphilis arrest, and even slight retrogression of the lesions, have been observed; but a complete disappearance of tertiary lesions has never been observed even after long contiued treatment with atoxyl. In all cases in which atoxyl has had very little curative effect, treatment by mercury has been carried out, with the result that all ssmptoms have rapidly disappeared. As a result of their experience with the use of atoxyl in the treatment of syphilis the authors conclude that mercury and iodide of potassium cannot be abandoned for atoxyl. They admit, however, that atoxyl has a certain curative effective, and that its employment may be of value in certain cases. However, in the authors' opinions,

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Professor Dreser (*Berichte der Deutschen Gesell.*, Vol. 37, p. 3076), states: "In the matter of reducing temperature the anilides work better than the phenetides; but even in small doses they develop quite early the undesirable change of oxyhemoglobin into methahemoglobin, which appear as cyanosis. The phenetidin product, substituted with acetyl-salicylic acid (a-s-phen or thermol), proved inactive even in large doses (0.4 grams)"—where there was no temperature.

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atoxyl will never become a specific for the treatment of syphilis; its effect in this disease is much inferior to that of mercuryl and its toxic effects, especially on the visua, apparatus, are greater than those which may result from mercurial treatment.

On the Orifices of the Body.—Daniel, in The British Medical Journal, discusses this subject with special reference to the latency of disease and overlooked infections. The writer states that in many cases of illness no satisfactory or sufficient cause is found or that some simple explanation is forthcoming and that in the vast majority of cases this is an infection of some one or more of the cavities of the body. Invariably some one of the mucous surfaces is at fault. The most important ones are the mouth and nose, urethra and vulva. The broadly specific, setting up directly septic processes, may break down the resistance of the body so that other pathogenic bacteria are enabled to invade successfully the other structures or they may co-operate with and increase the destruction and toxemia due to other bacteria. An enormous number of the diseases which make themselves manifest in adolescence begin in infancy. Some of the graver diseases are congenital. Repeated small infections and intoxications ultimately give rise to violent disorders often culminating in violent septicopyemia. A large number of symptoms are set up in various parts of the body which are considered separate disease entities, but are really infections. Orificial disease is universal among the poorer classes and exceedingly frequent in the higher classes if we look for it properly. Oral sepsis is an actual potent factor in the causation of every day disease. He found only 10 cases in 5,000 patients who had absolutely healthy mouths at the time of examination. Many patients daily swallow pus in quantities varying from a few minims to half an ounce. Such a continual infection is responsible, according to the author, for such maladies as goiter, neuritis, arthritis, so-called heart disease, general ill health, and hysteria. Many cases of hepatic cirrhosis, erroneously ascribed to alcohol, are really due to sepsis. So also may be such diseases as insanity, uremia, Charcot's joint lesions, tabetic crises, laryngismus stridulus, etc. In all these lesions some orifice of the body is very frequently at fault. Particularly does the genitourinary tract furnish evidence of this. He says that from the standpoint of prognosis in other diseases and from the postoperative standpoint the presence or absence

of an infected genitourinary or gastrointestinal orifice is of incalculable importance and yet he constantly sees patients suffering from phthisis or chronic pulmonary lesions in whom there are septic tonsils, stumps, purulent gingivitis, submaxillary calculi, otitis media, etc., which have been entirely overlooked and ignored in the battle against the tubercle bacilli. The main teaching of the author's suggestive paper is to make a thorough examination of all the orificial cavities of the body in our search for the ultimate cause of disease,

A Colour Reaction in Serum of Syphilitics.--Schurmann (Deut. Med. Woch.) describes a colour reaction between a reagent containing phenol and perchloride or iron and the serum of syphilitic patients which he regards as specific and reliable for diagnostic purposes. The writer considered that as an extract with which he was working and which contained lactic acid, gave a positive Wassermann test, this acid might play an important part in the reaction. The author therefore tried Uffelmann's reagent for lactic acid, but did not obtain satisfactory results. Following the suggestion of Nerking, he therefore utilized an oxiding substance, and found that he obtained workable results. The reaction is carried out as follows: O. I. of serum is diluted with physiological saline fluid to three or four c. cm. and one drop of Merck's perdydrol is added. Mixture is then well shaken and O. 5 c. cm. of the reagent is then added. The reagent contains O. 5 gram of phenol, O. 62 gram of perchloride of iron, and 34.5 grams of distilled water. It should be prepared fresh for each test. The reagent is

The Aspect of the Retinal Vessels.

It seems curious that notwithstanding that the ophthalmoscope has now been in use for many years, the differences in the appearance of the retinal arteries and of the veins respectively, and their peculiarities, are not yet explained to the complete satisfaction of all observers. The arteries, as is well known, show a double outline, with a fairly broad light *red* streak between the two darker sides; veins, under favorable conditions, show a very narrow *white* line between two broad very dark lines. Of these light streaks on arteries there are two explanations; those of Loring's school hold that it is due to the refraction of light from the subjacent fundus through the convex cylindrical lens formed by the blood column, while those of Dimmer's opinion assert that it is the visible axial blood stream—in the veins, on the other hand, the streak is caused purely by reflection from the anterior surface of the blood. When one looks through a microscope at the blood in the frog's mesentery one is working, it must be recollected, not by reflected but by transmitted light, so that the two conditions are not quite analogous, and arguments drawn from the aspect of affairs in the one case must not be too hastily applied to the other. This warning, obvious though it may seem to be, is not unnecessary, it would appear. Were it the case, as argued by the disciples of Loring, that the blood column acted as a concentrating lens, then in entoptic examination the blood-vessels ought certainly not to appear as opaque lines, which they do; and on ophthalmoscopic examination at any part at which an artery passes across a white portion of fundus (a patch of atrophy of choroid, for example) or over a black pigmented area the light streak ought to become distinctly lighter and darker respectively. Now this is not the case, as anyone can readily satisfy himself. Further, it is quite true that if the blood column acted as a lens the image would be red, and red it is in the case of the arteries, but in the case of the veins it is not red but quite white; in them, therefore, at any rate refraction cannot be the cause of the streak, whatever may be the truth regarding the arteries.—Monatsblatter fur Augenheilkunde.

Sciatica Treated by Salycilic Ionization.—Wullyamoz (Arch. d'elec. med.) reports cures of sciatica by salicylic ionization. The author puts the patient in a hot bath for a half hour before the seance, in order to rid the pores of any grease they may contain, the grease offering a strong resistance to the passage of the ions. The electrodes plates are large, lead trapezoidal in shape, covered with absorbent material after the manner of le Leduc. The cathode is charged with a solution of salicylate of soda (3%), as hot as possible (about 50° C.), the speed and number of the ions being proportionate to the temperature. The patient lies upon the cathode and the anode is applied to the abdomen, thigh and leg. The duration of these seances are from 60 to 90 minutes, and at the beginning of the treatment they take place every two or three days. The current generally reaches 200 milliamperes. If the patient feels a burn, a layer of caoutchouc is placed between the skin and the electrode at that point. The number of seances varies between one and fifteen. Eighteen observations are reported with remarkable results in every case save one. The exception was an alcoholic in whom the treatment was discontinued on account of his intemperate habits. Cure in some cases resulted where the patients had taken long and ineffectual courses of

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thermal baths. One patient, age 73, had suffered long (six years), from sciatic pain of the left thigh. After seven seances could climb hills like a young man, and had no return of the pain. A plumber having suffered from sciatica for two months, and confined to his room for fifteen days, had been relieved in four seances, and was able to return to his work. One man who had suffered from sciatic pain since 11 o'clock in the morning, and was taken to the doctor's office late in the afternoon, had ninety minutes' seance, after which he felt so well that the same evening he assisted at a ball.

Three Signs for the Diagnosis of Erysipelas.—Milian (Le Progres Medical) observes that having had during 1907 the care of the cases of erysipelas at Bastion 29, where are sent reputed examples from all the hospitals of Paris, and those occurring among the poor by the district officers, he calculates that these amount to between seven and eight hundred. Mistakes occur in the diagnosis—of erysipelas of the face in particular—even by the most competent, and he has therefore formulated three invariable and pathognomonic clinical signs, which have proved of value in doubtful circumstances: (1) The centrifugal maximum. Erysipelas advances excentrically, abandoning in succession the territories primarily involved, to encroach on healthy skin. Thus the maximum of lesions is always situated more or less remotely from the starting-point, and by preference at the margin of the patch. Therefore it is at the border that the greatest degree of redness, of swelling (when there is any), and of pain on pressure is experienced. In this way we can distinguish it from a suppurative dacryocystitis, a dental abscess, a parotitis, or from mumps. One must only be careful not to confuse a concomitant œdema of the eyelids for the centrifugal maximum. (2) The ear sign. The skin of the pinna of the ear is pretty firmly attached to the subjacent cartilage, with little or no subcutaneous tissue. Hence *hypodermic* inflammations, dental abscesses, are arrested there, but erysipelas spreads over the ear as it does over the adjoining skin. The auricle becomes swollen, red, shining and painful to touch. Therefore every time when, in course of an inflammation of the face, the ear is involved secondarily, we are dealing with erysipelas. (3) The erysipelatous area is painful. It is exquisitely and constantly so, and specially at the periphery, at the zone of extension. In this way we can define its progress on the scalp. The pain is either absent or exhibits different characters in all the affections susceptible of being

confounded with it, being most acute at the culminating spot.

Sodium Citrate in the Gastro-Intestinal Affections of Infants.—Miserocchi (Gazz. degli Orpedali) employed sodium citrate in the treatment of the gastro-intestinal affections of infancy. The remedy was prescribed for altogether 67 children, between 1 and 13 months of age, including 6 breast-fed babies, 42 with artificial nourishment and 19 who received mixed food Among these children 17 suffered from gastric dyspepsia, 36 from gastro-intestinal dyspepsia, 9 from acute gastro-enteritis and 5 from malnutrition. The breast-fed infants were given, immediately after nursing, a tablespoonful of a solution of 5 0 natr. citr. in 300.0 sweetened and sterilized water. In the cases of artificial nutrition the solution was added directly to the milk. An attempt was made in the case of 9 infants to administer the citrate without regulating the diet, but in these the improvement in regard to the vomiting and the stools was very inconsiderable. In the remaining 58 cases the necessary hygienic and dietetic restrictions were applied, together with the administration of sodium citrate, with very favorable results in 40 cases. No special effect of the citrate could be demonstrated in the remaining 18 cases. The remedy has a very prompt action in dyspepsia and malnutrition; the vomiting subsided after a day or two, the stools became normal and the meteorism disappeared. The effect was not nearly as prompt in gastro-enteritic disease. In a general way the action of the remedy is regarded as very favorable by the author, especially because sodium citrate is entirely harmless.

Quinine in Syphilis.—French (British Medical Journal) says that during sixteen years' specialized work on venereal diseases in the army, he has extensively "substituted" quinine for mercury whenever there is an associated malarial history, or if syphilitic fever is present. The authors attention was directed to this drug in India, where cases of syphilitic fever were not infrequently sent into hospital as ague, or vice versa, or the two diseases co-existed. The drug acts most beneficially in any "septicæmic" state with fever, whether such be due to gonorrhea, syphilis, or enteric fever. As early syphilis is associated with a loss in numbers of the red blood corpuscles and in the amount of the hemoglobin in those cells, quite possibly the action of the drug may be in overcoming this degenerative process, and thus assisting the blood to deal with the inroads of the virus in the early and more remedial phases of the disease, by increasing its phagocytic power, or by the formation of antibodies. Further, any drug which tends to reduce the number of spirochetes in the blood in the early stages, will consequently lessen the amount of toxin which can later injure the central nervous system and cord.

Sources of Error in the Turpentine-Guaiac and Aloin Tests for Blood.—Adolf Ohly (Deutsche medizinische Wochenscrift) discusses these methods of testing for blood in the stools, and lays stress on the following points: The turpentine oil must always be old and well ozonized. This is obtained by allowing the bottle to stand open to the air in direct sunlight. The reaction depends upon a catalytic action on the blood derivatives, which occurs in the presence of ozonized turpentine or peroxide. The ozone acts as a catalyzer and is not changed by the reaction. It is of especial importance that in the shaking of the stool emulsion the test tube be well stoppered with cotton, so that the finger shall not come in contact with the material, as the amido-acids in the sweat may give a positive reaction with the guaiac test. The alcoholic solution of guaiac and aloin must be completely dissolved before it is used. The specimen of stool must be very thoroughly rubbed up with water and glacial acetic acid in order that the smallest particles may be reached by the acid. In using the test one must be careful to rule out hemorrhoids and also a diet containing flesh or blood, as a small particle of undigested meat may give the reaction.

Endemic Cretinism.

From a study of endemic cretinism in India, the writer concludes that the degree to which cretinism is associated with goiter is determined by the age of the endemic and varies directly with the extent to which the latter disease prevails among the adult population. Cretinism is rarely, if ever, due to the development of a goiter in the individual. The thyroid enlargement is, or may be, an effect; it is not the cause of the disease. Defective thyroid function in the mother is the essential factor in the production of cretinism. It is due to the action of toxic agents, notably that of endemic goiter on the developing thyroid defect is congenital, but it may remain latent pending its manifestation through the impulse of some accidental circumstance. The defect in cretinism is one of the whole thyroid mechanism, of the parathyroids as well as the thyroid gland. The diversity of symptoms is due to the extent to which the defect bears upon the whole or part of that mechanism.—McCarrison, in The London Medical Lancet.

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The Layman's Medical Ignorance is the Doctor's Burden.*

By Lucien Lofton, A. B., Ph.D., M. D., Emporia, Virginia, President Virginia Coroner's Association; Surgeon Southern, and Atlantic Coast Line Railroads; Coroner, Health Officer, and County Physician to Greenesville County, Va.; Ex-President Seaboard Medical Association of Virginia and North Carolina; Ex-President Southside Virginia Medical Association.

Mr. President, and Fellows of the Tri-State Medical Association:

I acknowledge with a profound sense, my high appreciation of the courtesy shown the speaker, by being permitted to appear before this important body and to discuss briefly, "The Layman's Medical Ignorance and the Doctor's Burden."

I unconditionally say to you that the ignorant physician is a world-wide menace, and is responsible for practically every impediment the march of medical science has encountered during it's past history of enlightenment and brilliant achievement.

In consequence of this fact, the layman's medical ignorance must necessarily be the enlightened physician's burden. Medical men of the true type, who pursue the study for its benefit to mankind, innocently fall into pit-falls and snares, made by the assassins of truth, in dealing honestly with their clientele. To tell the facts as they exist, in a given proposition, is not a popular Vade Mecum with the average layman, should he ever have been the confident of the distressingly ignorant medical concomitant.

We cannot throw at the door of the layman much blame for his preconceived ideas of medicine. Naturally his knowledge regarding the science is entirely too limited to make him a target for criticism, therefore to absolutely censure any position he might assume in the absence of special previous training, would not only be unjust but a deliberate trespass. But such a man in the hands or a Pariah of the profession is made to speak with a catlin tongue, which stabs to the very vitals the conscientious performer in our ranks, and often lays low the struggling, honest practitioner, who in consequence of such antagonism, either elects to seek pastures new, or bolts the common, decent path, strikes while the iron is hot, in order to cope with competition, and thereby makes a close connection with the meal ticket.

A great many physicians refuse to keep abreast of the times, by not making a minimum expenditure of money, and consult by preference the layman, where if God Almighty does not effect a cure, when defeat comes, the sympathy is both with the bereaved and the deceiver, and a mound is raised which cries out to high heaven against the charlatan practitioner and mocks the profession for its insecureness.

If the layman's medical ignorance cannot be charged up against the fat heads too numerous in the profession, then a careful retrospection denies me the privilege of making a just and impartial estimate of the situation. I would not have you believe that it is a worthy procedure, to impress upon the lay mind that applied medicine is some mysterious influence with which the medical degree is surrounded, but to deliberately flim-flam it with your own ignorance in the guise of medical wisdom is a crime against the rights of the innocently ignorant, too venemous and flagrant to be countenanced by the honest, worthy practitioner.

Fortunately, the thrifty and intelligent layman is becoming wise enough to doubt the best of us, if not convinced by that most valuable of all armamentarium known as common sense, and if what we tell him is not likewise barricaded with that Simon-pure article he is pleased to call reason, he treats the matter, outside of emergencies, as if it were entirely a business transaction. And why not? To deal fairly, both parties to an agreement must understand its import, in order that a final successful termination may result. Otherwise, we could not work in harmony. Distrust oftentimes defeats the most careful and painstaking service rendered.

Daily crops of medical ignorance are sown among the laymen by the medically unencumbered mechanics in the guise of friend, physician and counsellor, which is continually up-rooting the principles worked out by the pioneers and latter-day martyrs of our profession. The only thing he risks is a well-oiled explanation, as free as possible from the facts at issue. He will brook no outside medical advice, but compliments his lay friends by the absolute deference shown them by agreeing with every suggestion offered, and rubs it in by remarking that their opinion is far better than any member of his profession. This may be delicious flattery to the layman, but it is too pregnant with illiteracy to be of

*Read before Tri-State Medical Society, Richmond, Va., February 15-17, 1910.

value to a dying man. Such a physician as outlined will oftentimes follow a valuable man to his grave rather than call for medical assistance. This, I consider, is malicious criminal ignorance, which deserves the strangling process of the Garrotte, which unfortunately cannot be reached, unless the layman himself awakes to the fact that he is in no small way a party to the procedure. For the conscientious physician to do his best, seeking aid from whom he may, and fail in his endeavors, is enough to tell how helpless we are in many instances. But to be wilfully ignorant is a crime against mankind for which there is positively no excuse in the eyes of the right thinking and the ambitious, honest members of our craft.

If a man with a medical degree courts ignorance in his own profession, as hundreds do; what assurance has the unfortunate sick, who happen to fall into his hands to recover, barring natural vitality, if he deceives himself? Conscientious ignorance is pardonable, but let it be genuinely honest. To attempt to mystify the public medically is abrogating to one's self an importance none should dare assume. We are here to teach as best we may. Life, amid its varied mental and physical contortions, paints a picture worthy of the deepest study and forethought of every man who has assumed the responsibilities incident to a Doctor's career.

The burden of creating a sound medical premises among the laymen will only be accomplished after we shall have done our whole duty to our fellow out of the fold, and who perchance may look to us for succor and relief. Disposition upon the part of the unskilled and unprincipled to create ignorance among the lay folk, will make the ultimate success of our undertaking a hero's, if not a martyr's, task. Like washing a healthy granulating skin surface, it is a question of repair between dressings. Ignorance upon the one hand tearing down what nature has builded, and you on the other, representing the outside covering trying to give the proper protection by doing an honest man's part. It is a fact that the layman who has been taught medical ignorance will take a chance, while he who has undergone no such training is sufficiently discreet to usually know when genuine help is needed, and seek it.

Again let me emphasize. As cheap, effectual, and as practical as are medical and surgical post-graduate courses today, no degree man can possibly offer a reasonable excuse for not being capacitated to cope with ordinary conditions. To be otherwise, aggregates a crime before the masses, which should be resented by them in no uncertain way.

Two, among the scores, of the most pitiful displays of medical ignorance, is the so-called Christian Scientists, and the Neurologists. About the former you are fully aware, but the last mentioned medical hybrid, who advertises for patients, telling them that they can cure rheumatism, hemorrhoids, or hurricane headaches by adjusting glasses to eyes, which will surely prevent nerve-leak, is a piece of presumption that no doubt terrifies the charter members of the Ananias club, and sinks into an awful chaotic state their rosiest records.

Assuming autocratic premises, I frankly state that I will cheerfully swap ignorance with any man, but in doing so I shall always insist that it must not be of the wilful kind. If one is conscientiously wrong, in a given position, the mistake may be pardonable, even justifiable—in medicine at least. The man who creates a lasting impression among people who are in position to think intelligently, is the one who is open, frank, and eager to tell the truth as he sees it. This last assertion will generally apply to all departments in life, barring the medical profession, and were it not the case that we have the care of the human sick upon our shoulders, any statement that I might here make would not only be untimely but necessarily futile. But such is not the condition. I am making a plea, both in behalf of the guileless and gullible layman, and the members of the profession who are waging the fight against the extravagantly illiterate purveyors of medical science. The various pseudo schools and schisms now purporting to be a part of medicine, are claiming victims every day from within the ranks of common sense medicine and surgery. These men and women, as they belch forth from the hot beds of medical anarchy, harmless and semi ignorant before, now more thoroughly steeped in iniquitous learning, squat here and there, supreme in their dominant ideas that scientific medicine is a myth, and that practical surgery is a misnomer. They appeal immediately and directly in every way possible to the man and woman who is looking for the novel, the flagrantly unreasonable, and as a result, create uneasiness among the intelligent, and flabbergasts at will the unfortunate, confiding, credulous sick.

No physician within my hearing will claim for himself that he thoroughly understands medicine as we have it today. Things happen we cannot explain away, which we are eager to know ourselves. If while the march of scientific progress is being but slowly made, could we invariably rely upon the substantial public, the cause of humanity would be profoundly benefitted.

My advice to the medically ignorant is, if they cannot see in a statement or transaction some ground where common reason may be used, to refuse to accept that which does not appeal to them, or seek the doctor whose reputation stands out as an emblem of right doing and conscientious living. Such men, thanks to the sound principles of a normal mind, are to be found in every city, village, and hamlet in the union. All christendom admires finally a noble purpose, and the flash of truth, even if it does not openly bow before the pedestal of their greatness. It pays to be honest with your patients. It is the greatest investment in the medical career you can make. A purpose to do the right thing, coupled with a limited amount of energy and skill, will win glorious battles, where defeat appears imminent. Do not deceive. Take truth by the hand, and push it in front of you in your work. Some of your patients, though mentally decrepit, will finally see. The ear of distrust and suspicion is always poised for the lethal message. That's why the quack survives. Money tempts all, but it should only be accepted after having been conscientiously won. The terror of medicine is dense ignorance. The horror of it all is the life-sucking Vampire who flits from mountain to sea in search of prey. We have a dual burden to bear. The layman's innocence is no more to be protected, than the vicious doctrine he is taught by the Pariahs' who assume the medical guise, is to be exterminated. If a man is a self-confessed gambler, highwayman, or a murderer, give him the credit for making the acknowledgment, but to be a pretended friend to the maim, the halt, the blind, is worse than an Arnold's treason, or the kiss of a Judas.

I have great hope of modern civilization coming into its own, speaking from a medical point of view, but before this fondly desired estate may be reached the profession must of necessity lay aside its robe of veneered dignity, and come in intimate relationship with the common people. Aloofness will not be met with the open hand of hospitality and the confidence we most profoundly desire. Looking forward to the realization of winning the ear and the heart of the credulous and the follower after false doctrines, I take upon myself the responsibility of saying we are ourselves in no small way partially responsible for the admitted estrangement now abroad, between the openly hostile layman and the plodder we know and regard as the modern disciple of legitimate medicine. In the hands of the medically debauched, he is a victim of a malady from which he must be emancipated, should the profession I but poorly represent attain the respect to which it is by right of its hard earned place in science entitled. We cannot but partially overcome the satisfied ignorant. Our line of attack must be directed toward the dissatisfied and the uncertain layman. They are pregnable. They are favorable to relief.

Let us dare to do the right. If we accomplish nothing, a sacred duty has been performed, a service has been rendered.

The medical profession is no place for the elastic backbone, or the Mollycoddle. The serious responsibility of our calling cries out in piteous acclaim against the wilful and the unjust. To do your whole duty today, may be met with scorn and derision tomorrow, but never falter. The layman's medical ignorance is none the less your burden and mine. Man is a victim of habit. I again repeat, the ignorant doctor is a world-wide menace.

Diet in Typhoid Fever.*

By Edward C. Register, M. D., Charlotte, N. C., Professor Practice of Medicine in the North Carolina Medical College; Chief Physician Charlotte Sanatorium; Ex-President North Carolina Medical Society; of the Board of Medical Examiners of North Carolina; of the Counsellors of the Medical Society of North Carolina; and the Charlotte Medical Society.

It is always very difficult, gentlemen, to properly nourish a patient suffering with typhoid fever. This can be explained by the fact that several important principles are involved, failure to observe even a single one of which, during the course of any infectious fever, typhoid fever especially, is likely to cause one to make mistakes. Among the factors that we ought always to observe as guides, when dealing with this feature of a case of typhoid disease, may be mentioned its stage, the fever curve, the previous habits of the patient, his age, weight, the condition of his stomach and bowels, and to some extent, his feelings and inclinations. It is believed that a healthy individual thirty years of age, weighing one hundred and fifty pounds, and remaining in an easy resting position, can be fairly well nourished for several weeks on five pounds of milk, or its equivalent, during every twenty-four hours. Assuming that this is true, what amount should the fever patient take?

For the last two or three years, several well known observers have manifested a tendency to encourage the belief that a typhoid patient, in order to maintain a complete renewal of structure, should take this amount of food, or its equivalent, every twenty-four hours, during the entire attack.

*Presented before the Tri-State Medical Society of the Carolinas and Virginia, Charleston, S. C.

My belief that this tendency is very likely to do harm, is the main excuse for this paper.

Until recently it has been almost universally believed that the average typhoid patient can take only about two-fifths as much nourishment as is essential for a healthy individual. This has been my experience. To be more specific, as I have already indicated, the amount of nourishment necessary in these cases should be determined, certainly to some extent, by the age and weight of the patient. With only a few exceptions, the general principles governing the amount of medicine that the patient can take at the various ages are also applicable in determining the quantity of food that should be given. To illustrate: if a patient at the age of thirty, weighing one hundred and fifty pounds, can take without discomfort, two pounds of milk in twenty-four hours, during the second week of the disease, under the same circumstances, a child weighing fifty pounds can take about one-third this amount. Possibly children can take, without evidences of labored digestion, even more than one-third of the amount of food that would be proper for the more matured individual. Thus, if a young patient weighs seventy-five pounds, he can generally take more than one-half the quantity of nourishment that would be given the man of thirty years who weighs one hundred and fifty pounds. As age advances, certainly after forty-five years, the amount of nourishment necessary gradually decreases. I have found, without a single exception, that patients between the ages of fifty and sixty cannot take more nourishment than a child ten years of age, and that the tendency to bowel disturbances on account of dietetic errors, seem to be much more common in these elderly patients.

The weight of the patient might be still further considered. If the muscular, well-developed man, who weighs two hundred and fifty pounds, at the age of thirty, has typhoid fever, it is generally known that he can take, with ease, and without discomfort, and without evidences of indigestion, twice the amount of food that a lady, at the same age, who weighs one hundred and twenty-five pounds, can take. It is also common knowledge among those who carefully observe these cases that a patient can take a great deal more nourishment when his fever is low than when it is high.

After the proper preliminary treatment, and while the fever curve is gradually ascending, a patient can, if his environments be satisfactory, usually take more nourishment than during the second stage of the fever, at which time the temperature is higher and there are fewer fluctuations in the curve. There is no doubt that there is a progressive weakening of digestion as the pathologic changes increase, and as the fever curve gradually gets higher. This circumstance is followed by a diminished secretion of saliva, and when the temperature remains in the neighborhood of 105 for several days, with slight fluctuations, it is almost absent; really in many cases it is entirely absent. This makes mastication difficult and almost impossible in many instances. The hydrochloric acid in the gastric juice also rapidly diminishes in amount as the fever rises; this, of course, fluctuates in amount as the fever rises, and falls. In prolonged cases, where the fever continues very high, it is frequently known to be entirely absent; in this event large quantities of milk, or any other liquid food, is tolerated with difficulty. It is in this class of cases, especially, that most mischief is done when a liberal amount of semi-solid food is given, as is now so frequently advocated. I am certainly of the opinion that the apparent condition of the stomach and bowels should always be considered in determining both the quality and quantity of food. If the stomach is irritable, and its motor functions weak, with a tendency to nausea, and possibly vomiting, or if there be diarrhea and tympanites, the quantity of food and also its quality should receive special consideration. When these symptoms are well marked, it is evidence in the majority of cases that the diet is defective, for it is infrequent that the pathologic changes in the bowels are sufficient to produce these symptoms.

The feelings or inclinations of the patient should be carefully studied also. There are certain articles of diet that might theoretically be very proper for the patient, and yet for some reason not be suitable. There are patients who will suddenly become nauseated when a certain food is even mentioned; yet it may be suitable and palatable in other cases quite as ill.

The belief among men that a continued high range of fever greatly cripples the power of digestion is unquestionably correct, and it is with a feeling of regret that I so often see statements that, in this disease, a continued high temperature does not materially interfere with the ability to digest a large amount of food. I believe that there is much that is unwise in this drift of opinion. Of course a very high temperature, when it continues for several days, or possibly for a couple of weeks, is not an indication that the patient cannot digest food, or in some instances a considerable amount of food; but, as we have said, the lower the range of temperature, the larger the amount of food that can be given.

Clinically, it is easy to demonstrate that the higher the temperature, the greater is the tendency to bowel disturbances. Usually, this is due to over feeding, or, perhaps I should say, improper feeding, rather than to pathologic changes in the bowel, for it has often been shown that the severity of these symptoms is a poor index to the anatomic changes that are going on within the bowel.

I almost feel like making the positive statement that, in the majority of cases, the pathologic changes that take place in the small bowel are infrequently responsible for the well marked diarrhea, or the well marked tympanites, or for the very dry coated tongue, or even the high range of temperature that is so often seen in these cases. These prominent symptoms are nearly always due to too much food, or improper food. There is no doubt in my mind but that marked flatulence is nearly always associated with decomposition of albuminoids within the alimentary tract, and that this process creates toxins, which, if absorbed, are often responsible for the very high range of temperature in these cases. I believe further that with the proper diet and environments, the pathologic changes that take place in typhoid fever will seldom produce a fever of over 102 degrees. There is also no doubt that, in the majority of cases, when the temperature has a disposition to range above this degree, it is due to some kind of disturbance which is dependent upon dietetic errors, or external conditions, and not upon the pathologic changes that are going on in that part of the body.

At the beginning of an attack of typhoid fever purgative medicines should be given freely. Alimentary elimination should be as thorough at this stage as if the surgeon was preparing the patient for an abdominal operation. After this, food should be practically withdrawn for several hours, and then the patient can be put on a gradually increasing diet. The result is that he is generally not so likely to suffer from dietetic irregularities as he would be without this preliminary preparation. Indeed, this preliminary preparation was one thing that gave the obsolete Wood-bridge treatment the success that it attained.

In dealing with this subject, the first question that naturally arises is: What is the best diet for the typhoid patient? Of course this is very difficult to answer. *We have no ideal food for the typhoid patient*, neither have we any one food that will suit every case, or that is the best in every case; consequently we have to select the food that seems to be most proper for the individual. *Speaking generally*, I am of the opinion that milk, in some of its forms, is the best diet. In fully 85% of all the cases of typhoid fever that I have ever treated, milk seemed to be the best diet. In quite a few cases, milk, for reasons that I cannot explain, does not seem to be suitable. In such cases, even very small quantities apparently cause stomach and bowel disturbances. However, the unprejudiced individual—the observer who carefully investigates the peculiarities of each particular case—will admit, that in most cases milk is the best food, and that it approaches more nearly the ideal diet than does any other one substance. Even for adults, it contains all the ingredients necessary to sustain and nourish the body, certainly for several weeks at a time, usually without any evidence that it is a defective form of diet.

There are other things that ought to be kept in mind, when considering the kind of diet that should be given in a case of typhoid fever. One is, that it should be easily obtained and easily administered. This is not an unimportant thing to be considered, certainly in a large number of our patients; for among the lower and middle classes of people, skilled dietetic employees are not available, and expensive preparations of food are not obtainable. When milk is given as a food it does not require an expert nor a chemist to determine the amount of nutritive products the patient is receiving each day. It is common knowledge that each quart of milk contains a certain amount of albumin (35 grams), a certain amount of fat (35 grams), and a certain amount of sugar (45 grams). It is very difficult to mention any other food of which we would be able to state with such a degree of accuracy, the amount of real nourishment that the patient is getting each day. If we were giving soups, broths, etc., it would be impossible to obtain this definite knowledge, except perhaps from the manifest effect on the patient. This would take several days, and in most cases the delay would be a very great disadvantage.

We ought to bear in mind that a large per cent. of typhoid patients have an irritable stomach. Quite a number suffer from vomiting. In this event, there is no doubt that the majority of us would select milk for the diet, and really it seems to be the most soothing, the most palatable, and the most generally available of all food substances.

The main objections to sweet milk, as a diet in typhoid fever, is that it constipates, and that it is likely to produce bacterial decomposition, and indirectly diarrhea; that it is deficient in iron, and that possibly it contains too much fat; that it is not relished by patients, and that it is likely to produce large curds, which act as a foreign body, possibly blocking the lumen of the bowels.

I take the position that the most favorable symptom in typhoid fever is constipation. If milk produces this state, which it unquestionably does in some cases, the circumstance is for the best. I heard a very eminent physician once say that he never saw a constipated case of typhoid fever die. Out of a thousand cases that have come under my observation, I have seen but a single exception to this rule. This experience does not differ from that of other observers. In fact, the man who observes accurately is not uneasy when his typhoid patient is constipated.

It has been believed by many physicians that constipation in typhoid fever may cause bacterial decomposition and a subsequent diarrhea and in this way increase the liability to auto-intoxication; but practitioners of experience who have carefully watched these cases do not hold to this opinion; because constipation is seldom, if ever, subsequently followed by a diarrhea; neither does it produce evidences of a toxæmia.

There are physicians who object to sweet milk as a diet because they claim that it contains an excess of fat. This, however, is not the fact, certainly not if the milk is fresh, and the fat globules are uniformly distributed. Milk several hours old, when the cream has become firm, if only partly or improperly shaken, is likely to disturb the stomach; but this is not the fault of the milk; it is due to the defective method of administration. It is occasionally mentioned that the iron in milk is not sufficient in amount. This really is inconsistent; because there is no condition where fever is a prominent symptom, in which iron is indicated. I should certainly say that the less iron the food contains the better for the typhoid patient. It may be suggested that milk is not palatable, that it is insipid; so it is. There are only two or three substances that taste natural to typhoid fever patients; viz., buttermilk, lemon water, or sour acids. Consequently milk is no more disagreeable, so far as taste is concerned, than any other diet. It is likely that the greatest objection that can be mentioned is the tendency to form large, indigestible curds, which in a few cases have even blocked the lumen of the intestine. In the majority of cases, really in nearly every case, this can be avoided if the sweet milk be properly given. There is no stage of typhoid fever during which an amount of sweet milk larger than one-half glass at any one time should be given. If this amount be sipped from a teaspoon these large curds will not form. Of course, if a full glass of milk be swallowed without taking the glass from the mouth, these curds will form. The fault is not with the milk, but with the defective manner in which it has been given. Whenever I observe clinical evidences that milk is not the proper diet in these cases, I find that it is nearly always due to the excessive amount given. The old method of giving a full glass of sweet milk to the typhoid patient every hour and a half, day and night, in order to keep up his strength, will certainly, in most cases, produce diarrhea, tympanites, and high fever. I found a great many years ago that if the quantity of milk be reduced to three quarts per day, the tendency to diarrhea was diminished. I observed that my patients were less likely to develop tympanites, suffer less from pain in the stomach, and manifested fewer of all the other unpleasant symptoms. A still further reduction to two quarts in the twenty-four hours was attended by a further lessening of all these unpleasant symptoms. There is no question in my mind that, for a person weighing one hundred and fifty pounds, a half glass of sweet milk every three hours, given only when he is awake, is sufficient nourishment for the average patient. Several years ago, when my patients suffered with diarrhea, tympanites, high fever, irritable stomach, rapid emaciation, etc., I believed, as other physicians believed at that time, that it was due to the disease and not the milk diet. Later, I concluded, and I still believe, that it was due to the quantity of the food, and not to the disease or quality of food that I was giving. If the physician is not careful, sweet milk is very often given in connection with sour lemonade, or when the stomach is excessively acid. Of course under these circumstances, if the milk is given hurriedly, large curds, that may be entirely indigestible, and which act as a foreign body, will form. Decomposition may take place and cause diarrhea, auto-intoxication, and a high fever. Whenever this accident occurs the nurse is to blame, not the food. For a number of years it has been a habit of mine to combine sweet milk with some good lithia water. If this is done large curds are less likely to form, even if the stomach is acid, and the temperature curve high and uniform. If the milk is prepared in this way, and given every three hours, it is seldom that we will observe evidences of indigestible curds. It has often occurred to me that the fear of the milk diet, on account of the tendency to form curds, is due to the pseudo-medical literature, written by advertisers of proprietary food products. Men who have made a study of this subject say that it is extremely uncommon in post-mortem examinations to find these cheesy curds in the intestine; and the common opinion is that whenever they are found their presence is to be ascribed to injudicious pushing of the diet. I do not

want to be understood as advocating, without exception, a milk diet, although unquestionably milk should be made the principal food substance during the course of this disease. Occasionally a patient is seen to whom milk is extremely repugnant; in such a case some other food should be given.

It is natural that more attention should be paid to the diet in typhoid fever than in any other infectious disease, on account of the bowel lesions. Clinical experience has taught us that this is thoroughly proper. Statistics prove that while less than one-fourth of the deaths in this disease are due to hemorrhage or perforation; more than twice this percentage die from the severity of infection. This, however, does not change the prevalent belief that the exhaustive diarrhea, which is due to decomposition of indigestible products in the stomach and bowels and which produce a mixed auto-intoxication, is the indirect cause of more deaths than any other one factor. I have often observed cases, in which it might appear that death was due to the severity of the infection, when it was really the result of a mixed infection, the origin of which has been mentioned.

At the London Fever Hospital, the largest of its kind in the world, milk is the principal diet in typhoid fever; and the death rate in that institution is quite low. Occasionally, on account of reasons already suggested, they have resorted to the various kinds of broths and soups; only infrequently do they employ commercial foods.

For the last few years, it has become a habit of mine, in many cases to substitute sour milk, or buttermilk for sweet milk. In the majority of cases I find that it is more palatable, and many of my typhoid patients prefer it. Buttermilk, as an article of food in typhoid is not a new thing; its value has been known almost since the beginning of medical history, but it is only recently that we have fully learned to appreciate it as a food for fever patients. There is hardly any substance that has as great a tendency to check putrefaction as has sour milk, and at the same time is so easy to digest, and gives us a food of considerable nutritive value. I have observed evidences of bacterial putrefaction in patients, to whom sweet milk was properly given, subside when the buttermilk diet was adopted. In cases where unfavorable symptoms arise as the result of an excess of fat in the sweet milk the patient can usually digest sour milk. It is really in cases like this that it is especially applicable.

The Significance of Rest in the Treatment of Pulmonary Tuberculosis.*

By Dr. I. J. Archer, Black Mountain, N. C.

Perhaps at no time in the world's history has the human race made such advance in learning, in knowledge, in science, invention and commercialism, as has been witnessed in the closing decades of the Nineteenth Century and the first decade of the Twentieth. In the science of government, internationally speaking, we have been moving from monarchy towards democracy. Racial prejudices and differences do not separate peoples as in the past. Rapid and easy communication and travel by land, by sea and by air is rapidly establishing the unity of this round world of ours. The great combinations of capital have made possible gigantic enterprises which well within the memory of all of us were undreamed.

Precedent and tradition have been disregarded. The spirit which has wrought these changes is not without its disadvantages. We have lost somewhat in our spirit of reverence, reverence for age, for institutions, for precedents: our spirit is that of conquest, of dominion. If we see that which is desirable, it is not now a question of whether it can be accomplished, but simply a question of how it may be done. A spirit pervades the whole social fabric that nothing is impossible and when we say that the science of medicine has made its greatest conquests within the last few years, we are simply stating that it is keeping pace with the world movement of conquest: a disregard of precedent when precedent bars the way.

The recognition of contagion and its cause has entirely changed our conception of prophylaxis. The recognition of the principle of immunity has greatly modified our therapy. In no branch of medicine have greater changes been brought about in the treatment of the disease, than have been seen in the treatment of tuberculosis.

Rest, which is now recognized as one of the cardinal factors, one of the four corner stones in the hygienic and dietetic treatment, is radically at variance with the custom in vogue only a few years ago of ordering a life of active exercise in the open for all cases. The recognition of the character of the lesion and the clinical observation of the results obtained have led to this change in treatment.

It is a trait of character common to most of us, where changes have been wrought, to look back and conjecture how it was possible that these things were not done before.

*Delivered before Buncombe County Medical Society.

For years it has been customary for the orthopedic surgeon to immobolize the tuberculous joint, then why should the student of pulmonary conditions have ordered pulmonary gymnastics? Why should we insist upon a tubercular mass in the joint being kept absolutely at rest and yet not apply the same principle to the treatment of a tubercular deposit wherever located?

Whatever the cause, whether it is because of an increase in the amount of the toxic products delivered to the blood stream by reason of a disturbance of the tubercular deposit, or whether its cause may lie in the fact that new areas are opened up to infection, or whether areas in process of healing are re-infected, it is an established fact that the heat balance is disturbed as shown by the increase in temperature, and it is also clinically established that we have an increase in cough and expectoration and a general lessening of muscular tone and power.

The converse of this has also been observed clinically to be equally true, notably in some of the accidents, some of the complications in the course of the disease, which enforce rest on a diseased lung in a mechanical way as in pneumothorax and effusions into the pleural space, for in many of these cases there is a distinct reduction in the temperature and a diminution in the cough and expectoration.

It was the application of this principle of disuse and rest to the affected lung which Dr. J. B. Murphy sought to apply in a practical way by the compression of the lung, consequent upon the introduction of nitrogen gas into the pleural space.

It has been sought to accomplish the same thing by other mechanical measures, such as the strapping of the chest and the restriction of the respiratory excursion by the use of the plaster cast to immobolize the affected side. All such measures, however, are only of a limited application and it has been found that the most effectual and practical method of securing rest to the diseased lung is the enforcement of rest to the entire physical mechanism.

Before passing on to consider the practical application of rest in the treatment of patients, I will call attention to the statistics of Dr. Patterson of the Brompton Hospital, in which institution all patients are required to perform manual labor. The amount of labor is graduated and is prescribed as may best be borne as is indicated by the condition of the patient. On first appearance the good showing which is made is surprising, but when it is remembered that only the most favorable cases are accepted for this form of treatment, the results do not seem so unusual. No patient is received into this class who at any time registers a temperature to exceed 99, neither are they taken if they exhibit any great amount of emaciation or loss of muscular tone. This carefully selected class of patients is such that we might fairly expect a large percentage of arrest and cure under any form of treatment which includes out-of-door life. The average man who treats tuberculosis is not able to select his cases with so much reference to the probability of arrest and cure.

Let us now consider the practical application of this subject with reference to treatment, which for purposes of classification may be considered under the following heads: First "How best secured," Second "Duration of rest," Third "Amount of rest," Fourth "Results to the respiratory and other functions of the body," Fifth "Its effect upon the patient."

The methods of securing rest upon the part of our patients will vary as much as the mental equipment of one physician varies from that of another. I believe that in a former paper read before this Society, I spoke of the beauty of a feeling upon the part of a patient of co-operation between himself and his physician. This attitude is desirable, is highly desirable, it is ideal, it is sometimes utopian.

Another member of this Society, a man of international reputation and a member whose lustre each member of the Society must in some degree share, elaborated very fully and clearly upon this matter in a paper before the International Congress at Washington; very much more concisely and clearly than is possible for me to do. Allow me to say, however, that I do not believe that it is always possible to secure control of a patient in this way and it sometimes becomes necessary for the physician to become the master mind, the compelling, the dominating influence in the patient's life.

Our patient is almost sure to believe that we are in some degree theoretical and arbitrary in the enforcement of such rest, which he is likely to consider unnecessary and an infringement upon his personal liberty and prerogatives. I have found it advisable to explain to him as clearly as possible why such restriction is necessary. It may become desirable at times to allow him to know his own temperature for instance, in order that he may comprehend personally how a reduction in temperature is effected by this rest in bed. It is always desirable to direct his attention to his lessened expectoration and to the diminution in the amount of his cough. These are *evidences* to him and it is not necessary that he accept an arbitrary statement upon authority.

Physiologically considered, the nearest

approach to pulmonary rest is secured with the patient absolutely at rest in bed, with as little support for head and shoulders as is possible, attention being paid, however, to the comfort of the patient who may be for days and weeks in this position. Supination means relaxation of all muscular activity. There is no tension of the muscle to maintain the body in an erect position as in standing or sitting even. All such muscular effort transforms potential energy into dynamic energy with resulting toxic by-products inimical to the well-being of the individual. These injurious by-products require elimination to prevent deterioration and death. The agent of this elimination most constantly called upon is the lung. We may abrogate the function of other glands of the body and our patient may live for hours; occlude the air passages and our patient dies in a few minutes.

In considering the 'Duration of rest' we should not consider the pulmonary condition alone, but should think of it as related to other conditions. Theoretically the lung should be kept at rest until temperature and expectoration have well nigh or altogether ceased, but when the active process continues through an extended period of time, this may not be feasible.

I grant that in some cases there is a seeming loss of muscular tone where patients are at rest for a protracted period of time, but it has also been my observation that this loss of tone is only apparent; that it is a loss of incoordination of the muscles from disuse, rather than a more serious deterioration. I do not believe that fatty degeneration of the muscle through disuse is as frequent as claimed by some writers. This opinion is based upon the fact that in nearly every case, after a few days of judicious exercise, the patient comes again into the full use of his muscular power and indeed in many cases finds his muscular condition better than when the rest period was instituted.

When rest is necessary and has been prescribed, the patient should be clearly instructed that it should be uninterrupted and consecutive. It should be explained to him that he may lose in one day by some thoughtless injudicious exercise, all that he has gained in the weeks preceding.

It is sometimes advisable to prescribe a limited amount of exercise to the patient who expectorates only a moderate amount, but the patient with a temperature or any other symptom of an active stage of the disease, should not be permitted to exercise.

When the condition seems to warrant it and it seems safe to prescribe a moderate amount of exercise, it should be begun and continued with the greatest of care both on the part of the patient and the physician. At first only a few steps, which may be gradually increased, carefully noting whether there is any increase in temperature or amount of expectoration.

All exercise should stop short of fatigue. I venture to quote again what you have so often heard: "The healthy man rests because he is tired; the tubercular man rests that he may not become tired."

The hardening process, as it is called, should be a progressive one. The patient should not be allowed to return to his former environment until he is well in command of all his physical forces.

On quiting our supervision we should be careful in our instruction that for a period of from one to two years, he should not allow himself to become fatigued or exhausted, and we should further instruct him that in making all his plans, he should keep this thing constantly in mind and order his life in full recognition of the fact that he is still a convalescent.

The extent of the lesion is not always a safeguard in the amount of exercise which may safely be prescribed, for a patient with but a limited area of appreciable involvement may tire very readily.

In prescribing rest we should be governed by the exigencies of each case; one may need continuous rest in bed, another may need only the regular rest periods of forenoon and afternoon. The amount of rest has frequently to be modified by the temperamental attitude of the patient as it is affected by such restrictions. This we will consider later.

In securing the greatest possible rest to the diseased lung there is one factor which we frequently overlook. It is that of unnecessary and violent coughing. Such exacerbations are highly injurious and largely unnecessary, because it is entirely possible for the patient to control them both in violence and frequency. These fits of coughing result in fatigue, stretching of the pulmonary tissues and dissemination of the disease to other parts of the lung.

With reference to the result of rest in bed upon the other functions of the body, we have already considered its effect upon the musculature.

The condition of the circulatory system is improved. The pulse is less frequent and of better character. The result largely of the diminished amount of toxic products in the blood stream. The patient in bed requires less nourishment because there is less waste to repair, consequently his appetite is not quite as good as that of the ambulant patient. The digestion and assimilation are not unfavorably affected as is indicated by his general improvement and physical

condition. It is not unlikely that elimination may need to be augmented but this is easily cared for.

I come now to the consideration of a phase of the subject which receives too little attention at our hands, a side of the question which we do not feature sufficiently in our work.

Mental repose is coordinate in importance with muscular relaxation. Too often we fail to consider how all these restrictions will affect the patient mentally. Too seldom do we see things through his eyes. We have prescribed for him a course of life which restricts his physical activities. We have restricted as well his intellectual horizon. We have removed from him many of the things which hitherto have stimulated his social, his emotional nature. It is impossible for the normal human mind not to act.

It becomes our duty, our privilege to compensate in some way for the things which we have cut out of our patient's life. I have found that one of the most effective substitutes is to place our patient in pleasant surroundings. Satisfaction with one's environment results in a helpful relaxation. To this end it is desirable to have the best possible outlook. A room with large openings or a veranda, perhaps, which looks upon an extended view diversified in character.

There is something constantly new in a panorama of valley and mountain. Each day with its ever shifting light, every cloud shadow upon the mountain, reveals something new, something which has not been seen or observed before. Each evening with its lengthening shadows, or perhaps a shaft of light as it is borne through some break in the mountains at a new angle, reveals something fresh, something different, a tree which he has not seen before, a little waterfall hitherto undiscovered, or possibly some cavern or precipice on the mountain side.

As nearly as may be possible I would advise that rest be taken in the open air. The inspired air is of a better quality and there is something stimulating in the out-door life, a tonicity which invigorates and stimulates all the bodily functions and materially adds to the sense of well-being.

If we do not provide somewhat to draw our patient out of himself, he will become introspective and depressed.

After we have disposed of the matter of our patient's room arrangement, his habitat if you will, we should turn our attention to other forms of diversion. Our greatest difficulty will lie in the matter of his letter-writing which he will insist often is positively necessary. It is injurious, not alone because of the physical exercise involved, but because of the mental condition in which it leaves him. It recalls to his mind 'home' as remembered by little concrete things. Nostalgia is seldom produced by the thought of home in the abstract. It is the thought of the little things back home which brings upon the patient depressing homesickness. Letter-writing then should be restricted as far as possible.

As to the matter of reading, it should be encouraged in moderation, but the character of the literature should be carefully supervised. Eliminate everything of a sensational or highly emotional character. The reading should be of a light, cheerful nature, and should be as little tax as possible upon the patient's attention. The humorous paper and the wholesome cartoon are valuable for this reason.

With reference to the matter of amusement, no game should be allowed which the patient wishes to indulge for hours at a time continuously. Such game is too exciting, too engrossing. Good music furnished by the convalescent patients or some visiting friend is desirable and beneficial when of a cheerful nature. If songs are of a religious character, great care must be exercised that they are not of a depressing nature. The much abused graphophone, if of good make and with well selected records, will frequently furnish diversion and amusement for hours at a time. It is understood, of course, from what has been said before, that all games which involve any great degree of physical exercise are not to be considered in this connection.

In the matter of social intercourse, when it is to be permitted and how much, we must be governed by its result upon the patient. If temperature is high, for instance, no one should be admitted, unless the continued seclusion has become depressing to the patient. All visitors should be warned that conversation should not be allowed to drift towards symptom-talking either by patient or guest. Conversation should be of a light, cheerful character always.

In closing I wish to emphasize one thing. Rest is one of the essentials in the treatment of tuberculosis, but to be of the greatest value it should be prescribed with care and applied under wise supervision.

The Fulton County Medical Society of Georgia held its annual meeting in Atlanta January 6, 1910, and elected the following officers: President, Dr. J. R. Simpson; Vice-President, Dr. E. G. Ballenger; Secretary, Dr. R. R. Daly.

External Esophagotomy for Removal of a Tin Whistle.

By F. K. Boland, M. D., and R. B. Ridley, Jr., M. D., Atlanta, Ga.

This operation was performed at the Atlanta School of Medicine in October, 1908. The patient was two years old, and the whistle had been in the esophagus five weeks.

The history given of the case was that the child choked desperately for an hour after the accident, and vomited frequently on taking food for the week following. After this there was but little discomfort except for occasional difficult deglutition. The parents, believing the whistle was lodged somewhere in the neck, had a skiagraph made (which is shown here).

As there was practically no difficulty in breathing, except when the child lay down, and the laryngoscopic examination was negative, a diagnosis of esophageal obstruction was made. The foreign body could not be reached with forceps or probang, and it was decided to do an external esophagotomy.

The incision was made along the inner border of the left sterno-mastoid muscle, beginning at the level of the upper border of the thyroid cartilege, and extending downward. There was some difficulty in locating the esophagus in so small a neck until a bougie was passed through the mouth and cut down upon as a guide.

The whistle could barely be felt with the finger, and finally was removed with a forceps from a point certainly as low as the crossing of the left bronchus. The wound in the esophagus was closed with No. 0 chromic catgut, and the other tissues brought together loosely with through and through silk-worm gut.

The patient was fed mainly by rectum for a week, though some fluids were given by mouth, which caused a temporary fistula. This closed after two weeks, and the child made a good recovery. When last heard from, four months after operation, he was well, without any signs of stricture.

The whistle was of tin, 15-16 inch in diameter and 1-16 inch in thickness, and it is remarkable that so large a foreign body in a child's gullet should have caused so little inconvenience. It was firmly imbedded in the wall of the canal, and if left alone would have worked its way into some adjacent structure. The value of the bougie in certainly locating the esophagus was an important point learned from the operation.

The Country Midwife*

By A. B. Croom, M. D., Maxton, N. C.

Having come in contact during the few years of my professional career with some sad pictures of what might be termed criminal negligence, I concluded to pay my respects in this short paper to the Country Midwife or the ignorant class of women who have announced themselves midwives.

Perhaps every physician in country practice has seen all that I have seen and perhaps each one has the same impression of this situation as I have: yet it seems to me that it is a matter we are all inclined to pass lightly over. It is for this reason, therefore, that I desire to introduce this subject, hoping that we as a body of intelligent men will think more seriously of what may seem trivial and take some steps to improve what seems to me a serious evil or a great imposition upon the people at large.

How many of us have not been called to treat puerperal woman about the 6th or 7th day of confinement with a report that some old woman has delivered the case, that the patient did beautifully for 4 or 5 days; but suddenly she "was taken" as they will tell us "with chills and fever"? The so-called midwife in attendance will usually insist that all women have fever and often administers a little Quinine for the chill and sends to the drug store for a few Headache tablets for the headache. The infection is there and without any dispute comes from the filthy hands of the old woman or her neglect of proper methods of cleanliness,—notably, soiled bedding.

These cases, we all know, are frequent in country practice and to say the least they are deplorable.

I wish not to be misunderstood in my remarks and will therefore say that I recognize the field and the convenience of having a servant around in those cases not able to employ a graduate nurse; but I am speaking especially of the ones who know so much and try to do so much that they urge their patrons not to call a doctor unless they see the patient is critically near to death. Their methods are too ridiculous to discuss. Their results are sufficient proof of their total disqualification to take into their hands the life of the mother and the unborn child. No one will deny that the ignorant negro who goes out doing this class of work alone is taking into her hands a human life and is far more liable to do harm than the one who administers herbs and roots. Still we have restraint on the individual with herbs and roots and the country midwife is allowed to continue the free and liberal distribution of Streptococci and other pathogenic organisms among those unfortunate women whose poverty prohibits the employment of a competent obstetrician or perhaps whose mental powers are such as to retain the impression, as

*Read before the Asheville meeting of North Carolina Medical Society.

I have had some seemingly intelligent women remark, "they do better with the old woman than with the doctor." This remark is worthy of a moment's thought and should be a warning to us in the observance of a strict technique and holding as far as possible in purely normal cases to nature and her methods.

And now as to the remedy of an evil if we have agreed that it is such. First, who should remedy it? Who knows of the existence of the evil? To whom do the best people look for information as to what is right and what is not right in matters pertaining to health and sanitation? I contend that the country doctor can at least mould a sentiment against the negligence of important things and he should therefore, pay some attention to such characters as I have referred to in these remarks. Could we not at least have some local regulations in our small towns and require those who wish to engage in this occupation to report to the Health Officer for a scrub brush and soap if nothing more? We can warn people of the dangers of depending upon this ignorant class of help in so important a matter instead of allowing, as I am inclined to believe that some of us do, our constituents to say that they will expect us to be ready to come in case the midwife can't handle the situation. Tell them right there that there is no question as to the ability of the midwife and require them to make their own choice. Of course it goes without saying that such action on the part of the medical profession will soon stop the promiscuous patrouage of this unworthy class of people, and surely if we have any respect for the scientific phase of the obstetrical art we are not willing to intrust it to an incompetent hand.

Facial Erysipelas with Meningitis as a Sequel: Report of a Case with Fatal Result.*

By John N. Upshur, M.D., Richmond, Va., Ex-President and Honorary Fellow of the Richmond Academy of Medicine and Surgery, of the Medical Society of Virginia and of the Tri-State Medical Association of the Carolinas and Virginia; Honorary Fellow of the State Medical Society of West Virginia, etc.

Facial erysipelas is a disease commonly seen, is usually simple in its therapy and in many cases free from complications or serious sequelæ; not that I mean to be understood that it is not to be considered always a grave affection, because it is usually seen at, and past, middle life, and its gravity is generally to be measured by the advanced years of the patient. Especially is this true when we remember that back of it may be some insidious renal disease, Bright's or diabetes, disease of some other vital organ or the depressant effect of alcoholism. The more common complication or, I should say, sequelæ, is the formation of abscess in the cellular tissue; sometimes ulcerative endocarditis, suppurative pleurisy or pericarditis. Anders states that meningitis occurred only once in 1674 cases collected by him. I have examined many authorities, and meningitis is mentioned by a few of them as a very rare complication, and dismissed with a sentence. By many of them it is not referred to at all.

The following case recently came under my observation:

Mrs. ——, aged 40 years; of large physique and full habit; had borne three children; no trouble in any labor; she had never had any serious illness during the seventeen years I had been her physician, and never had any vice of constitution. Several years before this illness she had an attack of hematuria.

The present illness began on December 14, 1909, and as I was absent she was seen on this day by Dr. Francis W. Upshur, the case coming under my care on December 19th. Her earliest symptom was hematuria. Two days later erysipelas developed on the side of the nose and spread over the face to the roots of the hair, the chin and backwards, involving the ears. There were no unusual symptoms and nothing in the case to cause alarm. The hematuria was promptly controlled by the usual remedies, though examination of the urine a week later showed a large amount of albumin and, microscopically, blood corpuscles, epithelium and crystals massed in lumps with the characteristics of oxalate of lime. By the twenty-second of December, the erysipelas had subsided and all of her symptoms had abated; temperature dropped almost to normal, tongue began to clean and appetite returned. During the progress of the attack, there had been a tendency of the mind to wander. On the twenty-third of December, I noticed that the pupils were sluggish in response to light; but improvement was most marked, face clearing up and skin returning to normal.

On the night of December 25th, the nurse 'phoned that the patient seemed worse and could be aroused with difficulty—she seemed very sleepy; other symptoms were about the same. There was no involvement of heart or lungs during the attack, though for a day or two she had a slight cough. I suppose that probably the increased drowsiness was caused by fatigue, as it was Christ-

*Read before the Richmond Academy of Medicine and Surgery, January 11, 1910.

mas day and she was nursed by the family in the middle of the day while the nurse was off duty; that she had possibly had too much company and too much talking in her room. This, however, I do not know, as company had been forbidden.

The nurse was instructed to call me at bedtime if there was any change in the symptoms. However, she did not call me until next morning, when she reported that the patient was decidedly worse. I saw her before 10 a. m., and found her condition critical. She was rapidly drifting into profound coma—pupils almost irresponsive, inability to protrude tongue or swallow and loss of control of sphincters. Deep pressure of the whole cervical and upper dorsal region revealed great tenderness. A deep red rash extended from the neck, across the shoulders, to a line drawn through the inferior angles of the scapulæ and had the appearance of a profound erythema. An isolated patch here and there on the border of the rash was raised and resembled urticaria. This rash subsequently extended to the waist; it certainly was not erysipelas.

In spite of all remedies, the patient continued to grow worse and died on December twenty-ninth. I suspect there was some latent disease in the kidneys, but I had never the opportunity to find out.

In connection with this case I want to emphasize the experience of many years—the efficiency of turpentine as a local application in erysipelas. In my hands, it has been worth all other agents put together.

Cancer Education.*

By Southgate Leigh, M. D., Norfolk, Va., Surgeon in Charge Sarah Leigh Hospital; Ex-vice President Tri-State Medical Association; Ex-President Seaboard Medical Association of Va. and N. C., &c.

Mr. President and Members of the Tri-State Medical Association:

The first session of the recent annual meeting of the Seaboard Medical Association was open to the public and was attended by a large number of non-medical people. The occasion seeming to be propitious, I took advantage of the opportunity and made a few remarks on "The Education of the Public on the Cancer Problem." In the published report of the paper a typographical error was made in the vital statistics. The death rate should have read in 1890, 18,500, and in 1900, 29,500. It was, of course, impossible to do more than discuss the subject in a very simple and superficial manner.

I tried, however, after referring to its heavy mortality, to: 1st. Impress upon the audience the fact that cancer is in the beginning practically always a local affection, which is preventable or curable in 95% of the cases. 2nd. To correct some wrong impressions as to the proper treatment of the disease. 3rd. To urge that the regular profession be applied to promptly for relief in all suspicious cases.

Since that meeting the interest shown by the local public has made me feel that much can be accomplished along these lines, and that we should take advantage of every such opportunity to enlighten the people on this most urgent public health matter.

In looking over the current medical literature it is a surprise to us to find that, notwithstanding the wide prevalence and heavy mortality of cancer in this country and abroad, so little has been done in the way of correcting in the public mind the fearful misunderstandings in regard to the prevention and early treatment of cancer. The subject is second in importance only to tuberculosis. And in the light of the fact that the death rate of the latter is steadily declining, owing largely to the almost universal campaign of education which has swept over the whole civilized world, while the mortality from cancer is steadily on the increase, I believe that cancer should be considered of equal importance with tuberculosis. It surely ought to be given more consideration by the profession, the public and the press.

Let us see what has been done by our profession:

Notes of warning have been sounded by Bryant, Echols, Crile, and others. Dr. Taylor, of Richmond, in 1908, taking as his text the prosperity of a cancer cure institution in his city which he considered "a shameful reflection upon the regular medical profession," called attention to the rapid increase in the prevalence and mortality of cancer, and urged a campaign of education.

Bryant after quoting Park's prophecy that "If for the next ten years the relative death rates are maintained we shall find in 1909 more deaths in New York from cancer than from tuberculosis, smallpox and typhoid fever combined," states that "the dread of malignancy causes intelligent adults to shrink from a knowledge of the truth, to hide it from physicians, and a lack of pain in the beginning of the growth causes the ignorant to disregard it entirely while it is in an operable condition."

Taylor's statement that "cancer kills one woman in eight and one man in twelve who reach the age of thirty-five" is a startling one.

Echols discussing the advisability of edu-

*Read before the Tri-State Medical Society (the Carolinas and Virginia) February 15-16, 1910.

cating the public states that "the idea is that the public be enlightened as to the real nature of the problem with which we as physicians deal in treating cancer, and so enable them to co-operate with the medical profession in reducing the mortality." Echols quotes Crile as follows: "What is the duty of the profession, especially in its organized functions and altruistic aim towards hundreds of fellow creatures who now without suspicion of the dreadful truth are in a pre-cancerous or early curable stage of cancer? What is the duty of the profession towards hundreds of thousands who will be struck down next year and each year to follow? It is to undertake a campaign of Cancer Education."

In Europe steps have been taken in the education of the public by the gynecologists by distributing literature among midwives and women's organizations.

In a public way the subject is a difficult one to handle. On the other hand there is the danger of the speaker or writer being considered unethical, while on the other hand if a physician publicly or even privately denounces the "quack" cancer cures so prevalent in this country, he is only too apt to have his motives misunderstood and misconstrued by the people.

Our duty, however, is plain. We must devise ways and means of getting over the difficulties and place the matter clearly before the public.

Ignorance in regard to the prevention and curability of cancer, and the necessity of early and prompt treatment, is not confined solely to the public. A large proportion of our own profession needs enlightening along the same lines.

The fact that there is in practically all cases a pre-cancerous stage or early cancerous stage in which the disease is entirely local and can therefore be completely eradicated, is one that should be impressed strongly upon the general practitioner.

The members of the profession should by individual instruction teach their patients to promptly report all suspicious signs and symptoms, and when such a report is made a thorough examination must be had to determine positively the nature of the trouble. In all cases of doubt radical treatment is the safest course to follow.

Take tumors of the breast for instance. Judd states that 85% of all tumors in a woman's breast are malignant to begin with, and one-half of the remaining 15% will become malignant if the patient lives long enough. The moral is, of course, plain that every tumor of the breast, however small, should be promptly removed. Delay is dangerous. The modern method in such cases is to remove the tumor and examine microscopically. If malignant a further complete extirpation of the breast and glands is done as a preventive measure.

Ulcers of the lip, so often neglected, should be promptly excised, and if malignant or suspicious, the lymphatic glands removed.

Warts, moles, small tumors and open wounds in various parts of the body, if neglected, so often lead to cancer. Their early cure by radical means is very simple and should never be neglected.

Early attention given to stomach, gall bladder and intestinal troubles will prevent many a case of incurable cancer. Prompt treatment, medical or surgical, is most important.

Probably the greatest field for the general practitioner in aiding in the prevention and cure of cancer is in gynecology and obstetrics.

Those of us doing referred surgical work so often meet with the most pitiful cases of women, many of them under thirty, suffering with advanced cancer of the uterus. Practically all of them give histories of danger signs and symptoms extending over months and even years, and they have refrained from calling on their family physicians until the trouble has become urgent. It is with these women that cancer education is needed. They should be taught that leucorrhea is not a normal discharge, that excessive flow means trouble and that any abnormal sign or symptom should be reported to their family physicians. And when such a report is made the patient ought to be thoroughly examined and kept under observation and treatment until all signs of trouble have ceased.

With the better classes, modesty is the cause of much neglect. This would be overcome largely if every physician could make arrangements to have an office hour twice a week or oftener for the examination and treatment of gynecological cases, and at that time have present a woman assistant.

Practically at each childbirth there is a laceration of the cervix, which if the patient's health is good heals up promptly. In a large number of cases, however, such lacerations remain as open sores. This is due to many causes, such as malnutrition, lack of cleanliness, hard work, etc. Such ulcers show their presence usually by discharge of pus or blood.

In a large majority of cases they can be promptly and permanently cured by simple local treatment. If they fail to respond to such treatment they should be operated upon.

"In the German Empire 24,000 women

die annually from uterine cancer. These women could almost all be saved from a premature and painful death if at the beginning of any menstrual disturbances or irregularity they would consult a practicing physician or competent specialist. While these disturbances or irregularities may be entirely painless, they may be at the same time the first symptoms of a beginning cancer of the uterus. Such cases can be permanently cured, if discovered early, by an operation which is practically without danger."

The time is full ripe for the question of "Cancer Education" to be taken up by the profession in a systematic and thorough manner. Our State Health Boards are disseminating most useful and instructive literature on tuberculosis, typhoid fever, small pox, scarlet fever, hookworm, and various other diseases. They could well take up the subject of cancer, and distribute useful statistics and other information to the profession and the public. The best work for the public could be carried on through the agency of the local Health Boards and public clinics. Brief circulars judiciously distributed would accomplish a world of good.

The profession of the States of Virginia, North and South Carolina has been always foremost in the advancement of medical science and the enactment of judicious medical laws. I would like to see a strong movement started at once in these States in educating the people on the cancer problem. Such a movement would at this progressive age meet with general approval, and would I feel certain spread rapidly throughout our whole country. Properly conducted it would result in the saving of many thousands of lives each year.

I hope, Mr. President, and gentlemen of the Tri-State Medical Association, that it may be your pleasure to appoint a strong committee to immediately take up this matter in the name of the Society, and appeal to the authorities of the three States to join in a general movement of "Cancer Education."

Impaired Gastric Motility, as a Factor in Digestive Disturbance.*

By John N. Upshur, M. D., Richmond, Va., Ex-President and Honorary Fellow of the Richmond Academy of Medicine and Su gery, of the State Medical Society of Virginia, of the Tri-State Medical Association of the Carolinas and Virginia; Honorary Fellow of the State Medical Society of W. Va.

Digestion to be normal must be rapid, painless, and complete. An essential factor in this condition is that gastric peristalsis shall be vigorous enough to thoroughly incorporate the food taken into the stomach with the gastric juice, and when the process is completed, pass it on to the small intestine for assimilation, or completion of the process of digestion of such articles of food as simply undergo solution in the stomach. That the gastric motility should be vigorous enough depends on the nervous force which is the stimulant to gastric motion, failing in which fermentation of food occurs, and faulty solution and assimilation results. It is easy to see what ills follow in the train of this condition. Of course in the more acute digestive disturbance the source of trouble may be in the stomach itself, but these cases are transient and soon relieved. We have under consideration those cases of gastric disorder more or less chronic in character. In these cases a test meal, and analysis of the same, shows the conditions present in the viscus itself, but it does not clear up the cause on which it depends. Relief in these cases can only be partial and palliative, and not permanent, if confined to lavage, electricity, and exhibition of such drugs as only exert their influence on the stomach itself, it is like whipping a foundered horse, and in the end adds to the gravity of the trouble. One of the popular remedies is some form of digestive ferment; in the experience of the writer they are absolutely useless. No man has ever discovered how much gastric juice is secreted for the digestion of a given meal: it is like the grinding of the mill, the water flows over the wheel until the grinding is done and then stops. When food is put into the stomach it stimulates the flow of gastric juice until digestion is complete, and then stops; the pitiful dose of a digestive ferment is simply wasted and lost in a quart or three pints of fluid composed of dissolved food and gastric juice, and is too puny to exert any influence. Wrong inference is drawn as to their action because the rule is to give them with active agents like dilute muriatic acid and strychnia, which do exert a very decided influence. Many, indeed I may say most, of the cases of gastric disturbance of a functional nature are seen in business men, who have had a let-down from business strain; professional men laboring under nerve tension, irregular meals, and hours of rest and recreation; women breaking down from the exactions of household cares, or the demands of social rush and dissipation, impaired general health from nursing, or too rapid childbearing, or the use of means to prevent conception, that they may be exempt from the demands on true womanhood in the care of children, or it may be nervous break-down, reflex from pelvic

*Read before the Tri-State Medical Association at the meeting in Richmond February 15-17, 1910.

lesions following, difficult labor, or in younger women, those conditions functional, or organic, which lay back of a distressing dysmenorrhœa. Organic disease of the stomach, cancer or ulcer, or the stricture of the pylorus resulting from such lesions, are not under consideration. Nor those cases of stomach deformity or misplacement brought on in women by tight lacing. These are the cases to be referred to the surgeon for such operative interference as is indicated for the purpose of establishing a proper drainage. But we do see serious cases of gastric dilatation where there is no obstruction at the pylorus. Deficient gastric motility results in fermentation, development of large volumes of gas, and stretching of the stomach, until it is in a condition of almost complete paresis. The atony of the stomach in the aged, resultant fermentation, distention of the stomach with gas, crowding of the heart by upward pressure on the diaphragm. Often in these cases there is existent a myocarditis, patient suffers with distressing dyspnea, and agents addressed to increasing and sustaining the heart action fail to give relief. The nervous system suffers secondarily also, because of the toxæmia from absorption of toxic gases. In those subjects young enough to respond to the therapy of rest, nervines, lavage, and electricity, improvement in the motor vigor of the stomach means relief and cure of the dilatation, and complete restoration to health. I recently had under my care a physician, whose life, as to meals and sleep, was very irregular, the heartiest meal of the day being at night, when the stomach muscle, as well as all the rest of the muscular system, was tired. He was in the prime of life, not forty years old, had distressing cardiac symptoms on retiring, pulse missed a beat every now and then, and respiration interfered with. Was diagnosed by a competent physician as cardiac trouble, primarily. I found him with slow digestion, excessive fermentation, sense of distress in epigastrium. He was completely and promptly relieved by therapy addressed to improved motility, strychnine being a conspicuous agent, and regulation of diet, insisting on last meal of the day being a light one, and regularity in hours of eating and sleeping. In another case, a woman past fifty, sick for years previous to consulting me. She had distressing general eczema, had lost flesh, had impaired digestion, and diarrhœa from fermentation. Health had begun to fail after she had had much trouble and affliction in the loss of her husband. Remedies addressed to the upbuilding of her nervous system, with nutritious and easily digestible diet, brought prompt relief. In short, the point I wish to emphasize, is that very many of the cases which come under our observation of intractible indigestion, are due to interference with the physiologic function of the stomach, because of faulty and impaired motility, back of which is some interference or lowering of nervous force, because of some condition outside of the stomach, break down physical and mental from excessive strain of some kind.

A word in conclusion as to the drugs indicated in the therapy of these cases. None stands ahead of strychnia, given in full doses and long continued, but I want to call especial attention to *condurango;* it is described as an astringent bitter, I am sure that it is more. Clinical observation has revealed the fact that the usual dose, (forty drops of the Fl. Ex.), given to susceptible subjects will produce vertigo and ringing in the ears. I feel confident, as the result of much clinical observation, that it has the especial property of stimulating gastric motility; in my hands I have had no remedy more prompt in relieving accumulation of gas in the stomach from fermentation, and giving tone to the stomach. Lavage does good, not simply by relieving the stomach of undigested and fermenting detritus, but I believe more certainly as a direct means of massage of the stomach muscle; of course it is useful only as an adjuvant. In this day of specialism, the great need is to look beyond the organ specialized for many times, the breadth of mind and ability which does this will solve a difficult problem, which will not respond to remedies addressed solely to the diseased organ or function. It is always bad to look at things through a crack, or with a bias in the direction of the thing specialized.

Rheumatic Heart Disease in Children.

Rheumatism is considered by the writer next in importance to tuberculosis among the diseases of early life. The following are the evidences upon which he chiefly relies in forming an opinion in these cases: (1) The presence of subcutaneous nodules. These, according to the author, nearly always indicate the existence of active heart disease, especially recurrent and relapsing cases. (2) Evening fever. This, without previous cause, excites a suspicion of possible fresh heart inflammation. (3) Joint pains, however slight and transient, always indicate the need for most careful observation of the heart. (4) Any sudden development of, or increase in, anæmia is a very suspicious sign of heart trouble. (5) Excessive and persistent rapidity of the pulse. In pericarditis he has never found it necessary to use surgical measures or to tap.—Carr, in The London Practioner.

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CHARLOTTE, N. C.

ALABAMA TAKES UP WORK ON HOOK-WORM.

War on the hook-worm has been declared by the Alabama State Board of Health, and the campaign will be pushed with vigor under direction of physicians specially designated for the work by the board.

The system of special agents was begun Thursday, when Dr. H. G. Perry, of Greensboro, was sent into Pike County by the State Board, where he will begin the campaign, investigate conditions, ascertain as nearly as possible the number of cases, and interest physicians in the campaign of the Board, about a week after the beginning of the campaign in Pike, and will then take up the crusade in another county.

The work is being pursued by the State Board of Health of its own initiative, and in advance of the Rockefeller campaign. It is, according to physicians, a campaign of education more than of any other agent, inasmuch as the hook-worm, as an infection, is easily cured, and only the co-operation of the physicians and the public is necessary. There are some physicians who are skeptical or indifferent as to the hook-worm, and it is to these that the campaign managers have a message to bear.

"THE RELIGIOUS PRESS AND QUACKERY."

In his address before the recent meeting of the Tri-State Medical Society, Dr. Rolfe E. Hughes, of South Carolina, so eloquently discussed the question of "The Religious Press and Quackery," a question which has a most important side for the medical man, that we deem it worthy of extended quotation.

"We shrink from making attacks of this nature, for the laity is already questioning the frequent and rather fulsome efforts on our part to advise and enlighten, claiming those of us least charitably inclined are the ring-leaders in howling our high aims and love of humanity. Therefore any effort on our part to warn them brings up the invariable debate as to the ostensible or real motives that inspire any of our campaigns against charlatanism, be it Christian Science, glass vendors, cancer quacks, dope drugs or any of these things, which they would say conflicted with our mundane interests.

One other point: The people at large have never grasped the idea that true physicians cannot and do not advertise. They only announce; they never guarantee cures; only quacks can.

But of all the quacks who advertise in the papers the cancer man is possibly the worst, and it is to him we will pay our respects.

Dr. Hughes then referred to several noted quacks, who had guaranteed to cure cancers by fake patent medicines, and dwelt particularly on the case of a man who masked under the name of "Rupert Wells, M. D.," St. Louis, who conducted an extensive mail order business with his cancer cure until he was caught and the use of the mails was denied him. He advertised as a sure cure for cancer his marvelous radiotized fluid, and under chemical examination it was learned that his "cure" did not contain an ounce of radium. Well's support was by the religious papers. Hundreds of similar quacks are being thus advertised daily. In round numbers $100,000,000 is consumed annually by the people of the United States in fake nostrums and quacks.

The first great harm done by the advertising quack is in calling a person's attention to themselves by the ingeniously worded and detailed array of symptoms, catchy and persuading to the neurotic, fear of the malady advertised is the outcome, and with fear comes a weakening of the will and, coincidently, a perversion of many functions. Secretions are stagnated or turned loose in a torrent. Patient becomes introspective, begins taking the various nostrums, and those not killed by the dose die of fear. Calvin, Knox, Napoleon and many others died in middle life from dread, disappointment or fear.

Christian Science has a salutary and redeeming feature; that is by making a patient forget he is sick, and that disease and death don't exist. No fear of trouble here and assured of eternal bliss above. Therefore, no fear, no nerve tension, they become self-reliant, and are considered good risks by the insurance companies.

If it is true that nature intended every animal to live to an age approximating five times the number of years which it took to reach its bodily maturity, then man, reaching his maximum strength and height at twenty, should be one hundred. But the fear of disease as started often by patent ads—the use of nostrums as advocated by the church paper, are sufficient to start many on the long journey."

PELLAGRA.

A committee has been formed in London, the membership of which includes the Italian ambassador, the Marquis of San Giuliano, Sir Thomas Clifford Allbut Regius, professor of physic at Cambridge, and a

number of prominent scientists and physicians, to promote the investigation and study pellagra.

A fund will be raised to defray the costs. The colonial office has contributed 750 pounds. It is proposed to send Dr. Sambon, who has made a close study of the disease, to some pellagra area with a qualified staff, to investigate the conditions and the various blood sucking flies by which he believes the disease is disseminated.

Dr. Sambon holds the opinion that the disease is protozan in its origin, like sleeping sickness and many skilled observers have accepted his suggestion.

This theory is gaining ground very rapidly and large numbers of investigators are turning their attention toward finding some such cause for the disease. In a bulletin issued by the Alabama State Board of Health, the following concise statement is found: It is no longer questioned that pellagra is a definite disease entity, but its specific causative agent has not been discovered. The two chief theories are: first, that the Zeists, who believe that the disease is the result of chronic intoxication due to poisons elaborated in decomposing maize, and second, that of the Anti-Zeists, who hold that it is probably caused by a specific organism. Until the controversy is settled, the use of impure and damaged corn products should be avoided.

While the idea that the cause is some form of protozoa is occupying the minds of a large number of scientists, in the absence of accurate knowledge we are not yet prepared to give up the theory that damaged corn is to a considerable extent responsible for the ravages of the disease.

Dr. A. W. Goodwin, of Raleigh, N. C., has recently instituted civil suits in Wake county Superior Court for damages against Drs. J. D. Whitaker and A. W. Knox, also of Raleigh. All are prominent physicians and the case promises to be one of vital interest not only to the members of the Wake County and Raleigh Medical Societies, but also to the profession of the whole State.

In instituting his suit, Dr. Goodwin has retained thirteen lawyers to prosecute his suit. He has maintained a very extensive practice in Raleigh for many years. Some months ago charges of unprofessional conduct were preferred against him before the Wake County Medical Society, and he was, as a result, suspended from membership six months and then dropped from the roll entirely. Later the Raleigh Academy of Medicine considered similar charges, and Dr. Goodwin was dropped from its membership. It was charged that he was guilty of playing upon the credulity of certain patients, treating them for long terms, for instance, for tuberculosis, when examinations by other physicians showed the presence of no such disease. It was alleged that this treatment was for the purpose of piling up fees against patients.

It is understood that the case against Dr. Goodwin before the Wake Medical Society was prosecuted principally through Dr. Joel Whitaker, and that before the Raleigh Academy of Medicine by Dr. Knox. It is for this reason that Dr. Goodwin's suits are now brought against these physicians, instead of against the two medical societies as a whole.

DR. CHARLES STOKES BECOMES SURGEON GENERAL.

Dr. Charles F. Stokes on Feb. 5, was confirmed by the United States Senate, to be surgeon general of the navy to succeed Rear Admiral P. M. Rixey, who retires voluntarily.

Surgeon Charles F. Stokes had the distinction of being the first medical officer to command a naval vessel in time of peace. He commanded the hospital ship Relief on its cruise around the world, with the battleship fleet. His detail to that command created a controversy in which he was the central figure and which resulted in the resignation of Rear Admiral W. S. Brownson, as chief of the bureau of navigation. Surgeon Stokes was appointed an assistant surgeon in the navy in February, 1889.

Dr. Presley Marion Rixey, retired under the thirty-year service provision of the law, after thirty-six years of active service and two terms as surgeon general.

TRI-STATE MEDICAL SOCIETY.

The twelfth annual convention of the Tri-State Medical Society, of Virginia, North and South Carolina, was held in the Auditorium of the Jefferson Hotel, Richmond, Va., February 15th to 17th.

The first day's session was called to order by Dr. Joseph A. White of Richmond, chairmain of the committee on arrangements. The invocation was pronounced by Rev. H. D. C. Maclachlpn, pastor of the Seventh Street Christian Church. Gov. William Hodges Mann delivered the welcoming address, which was responded to by Dr. Hubert A. Royster, of Raleigh, N. C. The convention was then declared formally opened and the annual address read by the president.

In the closing session Dr. Joseph A. White, of Richmond, was elected president, and Raleigh, N. C., selected as the place for the next meeting, which will be held in February, 1911. Other officers elected were as follows:

Vice-Presidents — Dr. Joseph Graham, Durham, N. C.; Dr. T. P. Whaley, Charleston, S. C.; Dr. Samuel Lyle, Lynchburg, Va.; Secretary-Treasurer, Dr. J. Howell Way, Waynesville, N. C.

Executive Council—Dr. H. T. Marshall, Charlottesville, Va.; Dr. C. V. Reynolds, Asheville, N. C.; Dr. H. E. McConnell, Chester, S. C.; Dr. James S. Irvin, Danville, Va.; Dr. A. J. Crowell, Charlotte, N. C.; Dr. A. E. Baker, Charleston, S. C.; Dr. Robert C. Bryan, Richmond, Va.; Dr. Rolfe E. Hughes, Laurens, S. C.; Dr. D. T. Tayloe, Washington, N. C.

Dr. Marshall and Dr. Reynolds succeeded Drs. Stephen Harnsberger and J. A. Burroughs.

Following out the recommendations of the president in his annual address, President White appointed the following committee, three from each State, for cancer education:

Virginia—Drs. Southgate Leigh, Stephen Harnsberger and J. Shelton Horsley.

North Carolina—Drs. Hubert A. Royster, J. E. Stokes and W. E. Ragland.

South Carolina—Drs. LeGrand Guerry, C. F. Williams and C. C. Gamble.

DR. FERRELL, SECRETARY.

The North Carolina State Board of Health has announced that the first and most important step in the anti-hook-worm crusade in this State has been taken through the financial assistance of the Rockefeller Sanitary Commission in cordial co-operation with the State Board of Health. Dr. John A. Ferrell has been appointed assistant secretary of the State Board of Health for this work.

Dr. Ferrell is one of the most prominent of the younger set of physicians of the State. At present he is engaged in an extensive practice at Kenansville, where he is Superintendent of Health of Duplin County.

Dr. Ferrell will, at an early date, become a resident of Raleigh. His office will be in the State Board of Health offices and his work will be done in conjunction with the State Health Board. His relation to the State Board of Health will be practically the same as if he was a regular State appointee with the exception of his salary and all expenses, which will be paid by the Rockefeller Sanitary Commission.

So far only two States, North Carolina and Virginia, have secured the appointment of the state official to take charge of this important work provided by the Rockefeller gift.

The principal work of these State officials for the next year will be to find the best method of attacking the problem. This method will be sought and found by applying different methods already proposed to different localities or counties, and carefully noting the result in each case. Having found the most effectual way of eradicating the disease, the problem will resolve itself into the application of the method to infected areas. Dr. Ferrel comes to the field at a most auspicious time—a time when the opportunity for the destructive work is ripe.

TUBERCULOSIS ASSOCIATION.

The North Carolina Association for the Prevention of Tuberculosis will hold its next meeting in Greensboro March 15-16, 1910. Dr. Julian, the Secretary, is actively at work in the effort to make the association efficient in its accomplishments.

The association is the outcome of the efforts of prominent physicians and laymen throughout the State to unite in general and systematic campaign, both popular and scientific in character, against this disease. It is the aim of the State association to appoint county Secretaries to affiliate with the State association, and it is desired to enlist every existing agency of standing in each community in bringing about organization, and every sound movement of education and prevention with regard to tuberculosis is being encouraged. That there is a State responsibility cannot be denied. It is clear that certain general regulations must be adopted by our legislature and by our State Board of Health in order to legitimize, and later stimulate, the local authorities to a performance of their duties. The activity of the association gives promise of results which could not be accomplished with any other means available in the very near future. A public sentiment must be created which will support and demand official action of efficient character, and carry to every individual in the community the knowledge of a few simple facts regarding tuberculosis and the means of avoiding and preventing it.

In the above we quote from a circular letter sent out throughout the whole State by Dr. Julian. A valuable little pamphlet is also being scattered broadcast. It should be in the hands of every individual in the State. In short, simple terms, it gives information concerning the disease and its prevention which any one who is able to read can understand. The following are the questions to which plain answers are made in the pamphlet:

1. Do you value your health?

2. Why are people afraid of Tuberculosis, or Consumption?

3. Why should you bother yourself about it if you have not got it?

4. What is Tuberculosis?

5. How and when do people take this disease?

6. How can you and your family keep from getting the disease?

7. If you have caught the disease, how can you find it out soon enough to cure it?

8. If you have gotten the disease, can you get well, and how?

9. If you or your family or some one in your house have the disease, what must be done to keep it from spreading to others?

SIGNIFICANCE OF GROWING PAINS.

It is a popular belief among the laity, and with not a few physicians, that normal growth of stature is frequently associated with so-called "growing pains." This forms an ever-ready explanation, and is an extremely common diagnosis for several pathological conditions, some of which are of little moment, either at the present day or in the future years, and yet, unfortunately, there are other conditions where the early and prompt recognition of these general ailments may, and often does, mean the minimizing, if not the prevention, of organic changes in vital organs or the sparing of a deplorable physical deformity, or even the saving of a young life, and if such an erroneous belief can entail such consequences, surely it is important and timely that physicians should discard and reject so misleading a term as "growing pains," and which, as Jacobi says, dates from the medical nomenclature of a past century and ought to have been dropped long ago. The very general misconception among the laity of the trifling character of indefinite pains in children had its origin in the medical teachings of past generations; for Deschamps, more than 100 years ago, considered growth as the etiological factor in the production of fever and of nearly all the pains and ills of childhood and adolescence. Later, Bonilly and Comby, of Paris, and Guida, of Florence, wrote of the intimate relationship of growing fever, of growing pains and growth in young persons. In 1879, Bonilly published a paper on "Growing Fever of Infants and Adolescents," in which he attempted to recognize in growing fever and its associated symptoms, growing pains, a distinct morbid entity; later developments in several of his young patients showed them to have been cases of osteomyelitis. Eustace Smith, in 1886, made reference to the pyrexia which sometimes attends rapid growth and cites an illustrative case, which in the light of present day knowledge, would in all probability be diagnosed as auto-intoxication or a mild typhoid infection. Ashby and Wright, in 1889, said that growing fever is sometimes met with, usually in children from 7 to 15 years of age, though occasionally at both earlier and later periods. Usually the symptoms pass off without any bad results, but in rare cases osteomyelitis may be set up.

Very recently, Stanley Hall, in his work "Adolescence," states that if growth is excessive, there are often two kinds of growing pains. First, that located in the epiphyses or growing centres of the bones which are supplied with nerves, and they may become the seat of inflammation.

Secondly, the bone may grow faster than the muscles or the skin; the latter then suffers from abnormal tension and are stretched and may become acutely painful.

Butterworth, in 1908, made a careful review of the literature bearing on this subject. He found that it is a very significant fact that one finds no mention of growing fever while its remaining vestige, growing pains, seems destined to join its parent in oblivion; for several well-known authors on pediatrics have discarded and evidently do not recognize such a condition as growing pains, while other writers indicate that that which has been called wandering or growing pains, is of varied origin and character, and that they are met with in several pathological conditions. They are symptoms and not a clinical entity. That normal growth of the body in the infant or child is ever a painful condition, is open to serious doubt, and from the pediatrician's point of view, should never be considered. Therefore, it is important and necessary that the true character of these indefinite pains should be ascertained and a careful examination will almost always disclose that they may be grouped as follows:

First. Myalgia or fatigue pains are due to over-exertion. They are inconsequential.

Second. Pain due to a neurosis of a joint and confined mostly to the large joints.

Third. Pain due to a slight separation of the epiphyses from the shaft and incomplete fractures about the joint.

Fourth. Epiphyseal pains, occurring in malarial and typhoid fevers and seen during convalescence from the infectious fevers.

Fifth. An epiphysitis, due to disturbances of nutrition and met with in anemia, lues, rickets and scurvy.

Sixth. Referred pains of flat-foot, poliomyelitis and hip-joint disease, constitute another division.

Seventh. Of special importance because of the destructive tendency of their lesions, are the epiphyseal and osseous pains, seen in osteomyelitis and tuberculous conditions of bones and joints.

Finally, there is the larger group of cases of indefinite pains, which are often the only objective symptom of rheumatic fever, as it occurs in children.

GLYCOSURIA IN GRAVES'S DISEASE.

As Dury, in the *Dublin Jour. of Med. Sciences* says, we are only beginning to understand the functions of some of the ductless glands, and also beginning to realize that other duct bearing glands besides the liver have important internal secretions. It is probable that between these glands there is considerable interdependence, but we know little about this yet. An illustration of it, however, is seen in the case of myxœdema. Here one of the symptoms of the loss of the thyroid secretion is the cessation of the secretion of the sweat glands, and probably also of the sebaceous glands. Apparently this is a case of interdependence, for when thyroid extract is supplied in such cases artificially, not only do the other symptoms disappear, but the sweat glands again begin to act. If diminished activity of the thyroid reacts on the activity of certain glands, it is quite likely that over activity of the thyroid will also react on some other gland or glands, and one example of this over-action is again seen in the case of the sweat glands, which in Graves's disease are stimulated and cause excessive sweating.

In Graves's disease there appears to be excessive activity of the thyroid gland; and of recent years great interest has been centered round the pancreas as the organ in some way at fault in diabetes.

Of twenty-seven cases of diabetes examined by Saundby, in only six of these could the pancreas be described as normal. We know that extirpation of the pancreas in dogs is followed by diabetes, and in one case in which it was removed in man (by W. T. Bull) diabetes resulted. In many cases of diabetes a gross lesion of the pancreas has been found, and in many others, in which there was no gross lesion, microscopic changes of structure have been made out. These finer changes are chiefly increase of fibrous tissue or changes in the so-called islands of Langerhans. Now, it is believed that these islands of Langerhans are concerned with the internal secretion of the pancreas, and that the internal secretion, or, rather, its disturbance, is concerned with diabetes.

Rolleston, discussing cirrhosis of the liver, says: "The gland (*i.e.*, the pancreas) cells undergo fatty and pigmentary degeneration, but, according to Steinhaus, the islands of Langerhans, which play an important part in the production of the internal secretion and in the production of diabetes, remain intact. Quite recently researches practically confirm this. MacCollum thus summarized the results of his experiments: "—When a portion of the pancreas is separated from the rest, and the duct ligated, it undergoes extensive atrophy, a tissue remaining which is apparently composed of enlarged islands of Langerhans and the remains of pancreatic ducts. If the rest of the pancreas be removed, this atrophied remnant is capable of warding off glycosuria, even when considerable amounts of dextrose are injected. When it itself is removed also glycosuria appears at once. Whether this glycosuria would persist until the death of the animal remains to be proved. The experiment seems to demonstrate the specific control of carbohydrate metabolism by the islands of Langerhans.

Eppinger and others have shown that there is a direct relationship between the thyroid and the pancreas, and that the glands tend to inhibit each other—that as a result of hyperthyroidism there is inhibition of the pancreas causing relative insufficiency of the internal secretion with alimentary glycosuria or its easy induction. Lorand has found that thyroidectomy caused increase of Langerhans' islands. Also, that the glycosuria resulting from removal of the pancreas ceased on removal of the thyroid. The animal, however, lived only a short time. MacKenzie says the carbohydrate secretion is influenced to some extent by the thyroid secretion; sugar is excreted in the urine of dogs after thyroid feeding, when large quantities of carbohydrates have been given; and the amount of glucose which can be given without causing glycosuria is less than the average in patients suffering from Graves's disease or in persons who have been treated with large doses of thyroid substance. In one of Stern's cases the Graves's disease had subsided, but diabetes supervened, and on the administration of thyroid extract with arsenic there was a rapid and large increase of the output of sugar. In one of Murray's cases that had recovered from Graves's disease the administration of thyroid extract was accompanied not only by a relapse but also by diabetes.

In view of all these facts, Murray suggests that in Graves's disease the excessive thyroid secretion thrown into and circulating in the blood first inhibits the islands of Langerhans, and so causes relative insufficiency of the internal secretion, and thus alimentary glycosuria or its easy induction on increase of carbohydrate food. Finally, it may lead to atrophy of the islands, and thus brings about true diabetes.

THE NORMAL LIFETIME.

What is the normal lifetime? Many estimates have been made, based on all sorts of reasoning, the figures extending from seventy-five to two hundred years. Flourens's idea, of doubtful value, that a mam-

mal lives five times the length of its growing period, cannot be applied generally. It is true, the horse full grown at five may live twenty-five years; sheep adult at three years may live twelve; while elephants, which have an unusually tardy development, are reputed to have a lifetime of two centuries. Haller, the distinguished Swiss physiologist of the eighteenth century, thought that man ought to live to two hundred years; Buffoon was of the opinion that when a man did not die from some accident or disease he would reach ninety or one hundred years. In man the growth period is normally continued to some time after the twentieth year; its limit has not been ascertained, but from the statistics gathered by the Sanitary Commission during the Civil War it seems most likely that it is not usually completed until after the thirteenth year. One method which has been suggested to ascertain the natural length of life is to suppose all diseases to be completely eliminated and those who now die of them to die of old age. The median age for death from old age is eighty-three. Metchnikoff, however, shows the error of assuming present old age to be normal. We may conclude that the normal life exceeds eighty-three. There must needs be, of course, a limit to the possible prolongation of life. We find in recent times few authenticated cases of persons who have lived for a hundred years. As Young, former president of the British Octuarial Society, has shown in his interesting book on centenarians, most cases of supposed centenarians are either cases of conscious or unconscious exaggeration or of error in records. For instance, the Countess of Desmond is said to have lived one hundred and thirty years, owing to the confusion of two persons of the same name, one of whom lived to be one hundred years old, while the other, her mother, died at thirty, and their lives were combined in subsequent records. There are, however, some authenticated cases. Thus, the Norwegian Drakenberg was born in 1626 and lived until 1772, aged one hundred and forty-six. He was married when one hundred and eleven years old, and as a widower of one hundred and thirty proposed to marry again, although without success. At Portland, Oregon, Mrs. Mary L. Wood died recently at the age of one hundred and twenty years and under circumstances which permitted the authentication of her case by the Oregon Historical Society. From these and from other cases which might be mentioned, we may conclude that if today, notwithstanding all existing chances of death, it is possible for some persons to live beyond one hundred and twenty years, the chances in the future for a larger proportion of such persons will be materially improved. Whether this proposition could ever become the major part we have as yet no means of knowing. What is needed is study, and Metchinikoff is right in believing that the study is well worth while from every point of view.

TUBERCULOSIS HOSPITAL IN ATLANTA.

The city of Atlanta and the county of Fulton are practically assured of a tuberculosis hospital. This was decided at a recent joint meeting of the board of county commissioners, the city council committee and a committee of citizens.

The city has appropriated $10,000 towards building this hospital and the county has agreed to appropriate $15,000 to that end, or as much as the city would appropriate.

The building of a tuberculosis hospital is absolutely necessary to prevent the spread of the disease, to take care of the persons now having it and especially in the interest of humanity in general.

The county board appointed a representative to meet with the council committee and discuss the selection of one of the several sites now under advisement for the hospital and to work out all the other details, such as the amount of land and the expenditure to be made. It is the understanding that the city is to maintain the hospital.

STATE HOSPITAL FOR TUBERCULOSIS.

Trustees of the Georgia state tuberculosis sanitarium met at the state capitol recently and adopted plans for sanitarium buildings, which it is estimated will cost $100,000. A report of the executive committee, to the effect that a site for the sanitarium had been purchased near Mount Airy, Ga., on the Southern railway, was also adopted.

Just prior to adjournment, officers for the coming year were elected. They were: President, T. R. Whitley, of Douglassville, vice president, Dr. Jefferson Davis, of Toccoa; secretary, Dr. M. F. Carson, of Griffin; treasurer, Dr. Joseph E. Orme, of Atlanta.

A new executive committee was elected. This is composed of Captain W. G. Raoul, of Atlanta, chairman; T. E. Tinsley, of Macon, and Drs. T. H. Richardson, of Montezuma; Henry R. Slack, of LaGrange, and Jefferson Davis, of Toccoa.

STATE HOSPITAL COMMISSION.

The North Carolina State Hospital Commission has reported to Governor Kitchin the operations of the commission provided by act of the General Assembly for expending $500,000 in enlarging the capacity and improving the equipment of the State hospitals at Raleigh, Morganton and Golds-

boro, that $447,528 has been expended to date, with $30,045 remaining on hand. The report shows $317,511 expended on the Central Hospital, at Raleigh; $65,599.52 on the Western Hospital, at Morganton; $60,928 on the Eastern Hospital, at Goldsboro.

The commission has provided for 828 white insane and white epileptics and eighty-four colored. There is now room in the hospital at Raleigh for at least 400 more patients than are there, and the hospital at Morganton is now capable of accommodating the present demands upon the institution, the two being of equal capacity.

The commission insists that there is not now any valid reason why every white insane person in the State and white insane epileptic cannot be cared for by the State.

Passed Assistant Surgeon John D. Long, United States Public Health and Marine Hospital Service is in Columbia, S. C., for six months, possibly a year, under orders to study the pellagra problem.

His assignment is in accordance with an agreement between Governor Ansel and Surgeon General Wyman that the marine hospital service shall have charge of pellagrins at the State Hospital for the Insane. He will attack the problem on the protozoan theory of pellagra's causation; his predecessor, Dr. Lavinder, having studied particularly the bad maize theory.

Dr. Long has had experience with tropical diseases in the Philippines and has done original work in plague investigations at San Francisco.

THE UNIVERSITY OF NORTH CAROLINA HAS ABOLISHED THE RALEIGH DEPARTMENT.

The trustees of the University of North Carolina, at a recent meeting, voted to abolish the Medical Department of the State University, because of the lack of sufficient support to warrant maintaining the Raleigh department of the Medical School on a scale sufficient to be creditable to the State University.

ST. LUKE'S HOSPITAL AT FAYETTEVILLE.

It has been announced that Drs. West and Hayes, members of the medical staff of the University Hospital, Baltimore, Md., have jointly leased the St. Luke's hospital in Fayetteville, N. C., and that this widely-known institution, founded by the late Dr. J. H. Marsh, will in the future be conducted by these two physicians.

EDITORIAL NEWS ITEMS.

Dr. Tom Williams, the Washington neurologist, has been elected foreign corresponding member of the Paris Neurological Society.

The Hale County Medical Society, of Alabama, meeting in Greensboro, has elected officers for 1910 as follows: President, Dr. W. C. Gewin of Akron; Vice-President, Dr. S. C. Carson of Greensboro; Secretary and Treasurer, Dr. C. A. Poellnitz of Greensboro; Censor, Dr. R. J. Griffin of Moundville.

Dr. S. R. Edwards, who recently went to Baltimore, Md., from Siler City, N. C., has been elected Medical Superintendent of the Presbyterian Eye, Ear, Nose and Throat Hospital of Baltimore. Dr. Edwards went to Baltimore to continue his study in the diseases of the eye, ear, nose and throat, and his rapid advance is a source of great pleasure to his many friends in North Carolina.

Before going to Baltimore Dr. Edwards practiced medicine in Siler City.

The Tuscaloosa County Medical Society held an interesting meeting in the office of Dr. Harvey B. Searcy, of Tuscaloosa, Ala., on February 10th, with the Tuscaloosa County Dental Society as their guests. The discussions were of both dentistry and medicine.

Deaths.

Dr. P. L. Hilsman, a widely known, and very successful physician of Albany, Ga., died at his home on February 3rd, after a protracted illness. He had practiced medicine in Albany for nearly forty years and during that time he won the confidence and esteem of the laity as well as the medical profession of that section of the country.

Dr. Hilsman graduated from the department of medicine of Pennsylvania, Philadelphia, Pa., in 1871.

Dr. F. J. Gregory, an aged physician of Keysville, Va., died at his home on February 13th. He graduated from Jefferson Medical College, of Philadelphia, in 1859, and since 1860 he had practiced his profession in Keysville, where he died.

Dr. Charles W. Hickman, one of the most prominent physicians in the South, and who resided in Augusta, Ga., was found dead from gunshot wounds on the night of February 2nd.

Dr. Hickman graduated in medicine from the Medical College of Georgia in 1873, and was a man who was held in the highest esteem by the members of the medical profession.

Dr. J. M. O'Kelly, a very prominent physician of Durham, N. C., died at his home on February 17th, after a long illness. He had resided in Durham for ten years, where he was prominently identified with the medical profession. He was at one time president of the Durham Medical Society, and as a general practitioner there was no member of that organization who was more popular.

Dr. O'Kelly graduated from the Kentucky School of Medicine, Louisville, Kentucky, in 1887.

Book Notices.

Legal Medicine. By Gilbert H. Stewart, of the Columbus, Ohio, Bar. Late Professor of Medical Jurisprudence in the Starling Medical College. Indianapolis: The Bobbs-Merrill Company. 1910.

The volume is divided into eighteen chapters as follows: Chapter I. Legal Medicine—Medical Witnesses. Chapter II. Medical Evidence—Privileged Communications. Chapter III. Expert Evidence. Chapter IV. Hypothetical Questions—Fees. Chapter V. Coroners—Post Mortems—Wills. Chapter VI. Feigned and Disqualifying Diseases—Impotence and Sterility—Doubtful Sex—Age and Identity. Chapter VII. Rape—Crimes against Nature. Chapter VIII. Pregnancy—Delivery—Cæsarian Operation—Legitimacy—Superfœtation. Chapter IX. Infanticide. Chapter X. Criminal Abortion—Presumptions of Death and Survivorship—Life Insurance. Chapter XI. Malpractice. Chapter XII. Wounds—Burns and Scalds—Spontaneous Combustion—Death from Heat, Cold, Lightning, Electricity, Starvation and Suffocation. Chapter XIII. Death by Strangulation, Hanging and Drowning—Resuscitation—Blood Stains. Chapter XIV. Signs and Proof of Death. Chapters XV, XVI and XVII. Insanity. Chapter XVIII. Poisons.

These subjects are thoroughly discussed, and are in every way very complete in their character. The book is neatly and attractively bound, containing 506 pages of reading matter. The book is carefully indexed. It is with pleasure that we recommend it to the medical and legal professions.

Spondylotherapy. Spinal Concussion and the Application of Other Methods to the Spine in the Treatment of Disease. By Albert Abrams, A. M., M. D., (University of Heidelbery) R. R. M. S.; Consulting Physician to the Mount Zion and French Hospital, San Francisco; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Department of Medicine, Leland Stanford Junior University) San Francisco. Illustrated. The Philopolis Press, Suite 406, Lincoln Building, San Francisco, California. 1910.

This study of Spinal Therapeutics has never received as much attention from the medical profession as it deserves. The author says in his preface that "Some physicians may consider the remedial methods discussed in this book to be unduly and unworthily simple, on the principle that what is obvious can hardly compete with what is obscure in the treatment of disease. The most mystifying phenomena rest upon the least causes; and the simpler a thing is the harder it is to understand."

This book is in every way very complete, and it gives us a great deal of pleasure to recommend it to the medical profession. The illustrations contained in this volume are very unique and very thorough and complete.

The book is well bound, carefully indexed and contains 400 pages of reading matter, which is very instructive.

A Contribution to the Comparative Anatomy of the Prostate Gland. Being a Thesis for the Doctorate of Philosophy in Biology at the Illinois Wesleyan University, Bloomington, Illinois, June 17, 1909. By C. W. S. Rohrer, B. Sc., M. D., M. A., Associate Professor of Pathology and Assistant in Genito-Urinary Diseases, College of Physicians and Surgeons, Baltimore; Medical Assistant to the State Board of Health of Maryland. With Biographical sketch and Portrait. Baltimore, 1909.

The completeness of this little volume shows for itself that neither toil nor expense has been spared in its preparation and publication. The author of this book began its preparation while he was a medical student, and has studied this subject ever since, and he now offers this thesis to the service of his colleagues and friends—the student body.

The volume is neatly bound and thoroughly indexed. The biographical sketch of the author is exceedingly interesting, and the facts contained in this book are of great value. It gives us great pleasure to recommend this book to the medical profession.

A Handbook of Medical Diagnosis for the use of Practitioners and Students. By J. C. Wilson, A. M., M. D., Professor of the Practice of Medicine and Clinical

Medicine in the Jefferson Medical College, and Physician to its Hospital; Physician to the Pennsylvania Hospital; Physician in Chief to the German Hospital, Philadelphia. 408 text illustrations and fourteen full page plates. Philadelphia and London: J. B. Lippincott Company.

This large volume is divided into four parts. First, Medical Diagnosis in General; second, The Methods and Their Immediate Results; third, Symptoms and Signs, and fourth, The Clinical Applications. The treatment of the subject matter under these four headings was adopted by the author to simplify the arrangement of the topics in a department of medicine which has attained large scope and insistent importance.

The illustrations are in a large part from the author's own observations, and the large number of illustrations are of great value to the value of the book.

This volume is carefully indexed, and will in every way be of great benefit to the medical profession as a whole. The subject is a very broad one, therefore it calls for a large amount of space for its publication. The book contains 1435 pages, bound in a very attractive binding.

Medical Diagnosis: A Manual for Students and Practitioners. By Charles Lyman Greene, M. D., St. Paul, Professor of Medicine and Chief of the Department in the College of Medicine, University of Minnesota; Attending Physician, St. Luke's Hospital and the City and County Hospital; Chief of the Medical Clinic in the University Hospital; Member of the American Medical Association; Author of "The Medical Examination for Life Insurance and Its Associated Clinical Methods," etc. Third edition, revised with seven colored plates and 248 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1910.

Although but two and one-half years have elapsed since the first issue of this book appeared, many important changes and modifications have been made in this volume. Several new illustrations have been added, and in the revision an effort was made on the part of the author to increase the amount of useful information without materially affecting the size of the volume.

This book is neatly bound in a flexible leather binding. It is carefully indexed, and in every way it is thoroughly complete. It gives us pleasure to recommend this book to the medical profession as a hand book. The illustrations are above the average, and the notes in the margin of the pages are very helpful. The price of this book is $3.50 net.

Serum Diagnosis of Syphilis and the Butyric Acid Test for Syphilis. By Hideyo Noguchi, M. D., M. Sc., Associate Member of the Rockefeller Institute for Medical Research, New York. Fourteen illustrations. Philadelphia and London: J. B. Lippincott Company.

The object of this book is, first, to give a brief yet adequate account of the principles of serum hæmolysis and of the behaviors of the combinations of antigens and antibodies towards hæmolysis, and secondly, to give in detail the technic of Wassermann's method and of the method recommended by the author.

The author of this book has treated the subjects contained in this volume in such a way as to make it of great service to both the practicing physician and student, as well as laboratory workers. The last chapter in the book is devoted to a description of a chemical test for syphilis.

The book is neatly bound, carefully indexed, and in every way it seems to be up to date. The illustrations are of an extraordinary type, and we take pleasure in recommending the book.

The Operating Room and the Patient. By Russell S. Fowler, M. D., Surgeon to the German Hospital, Brooklyn, New York. Fully illustrated. Philadelphia and London: W. B. Saunders Co. 1909.

This little book is indeed one of great value to the surgeon, and operating room nurse. It is divided into seven chapters as follows: Chapter I. The Operating Room and its Personnel. Chapter II. The Instrument and Supply Room. Chapter III. The Instrument and Supply Room (Continued). Chapter IV. Anesthesia. Chapter V. The Patient. Chapter VI. General Considerations in the After-treatment. Chapter VII. Lists of Instruments and Dressing Commonly Employed. Each chapter is thoroughly complete, and this book will be of great value to surgeons especially.

The volume is neatly bound, thoroughly indexed and is very attractive in its appearance. The book contains 172 pages, and is in every way worthy of our recommendation.

A Text-Book of Materia Medica, Pharmacology and Therapeutics. By George F. Butler, A. M., Ph. G., M. D., Professor and Head of the Department of Therapeutics and Professor of Preventive and Clinical Medicine, Chicago College of Medicine and Surgery, Medical Department Valparaiso University; Physician to Frances E. Willard Hospital, etc. Sixth edition, thoroughly revised and enlarged, and adapted to the eighth revision (1905) of the U. S. Pharmacopœia. Philadel-

phia and London: W. B. Saunders Co. 1908.

This book, as it now is, seems to be very complete in every detail. It has been the aim of the author, in preparing this book, to supply the student of medicine with a clear, concise, and practical text-book, adapted for permanent reference as well as for the requirements of the class-room, in which he has unquestionably succeeded.

The section on Pharmacology has been given special attention, and it will be found of exceptional value. The book contains 708 pages of carefully indexed reading matter, well bound, and a volume that is worthy a place in every medical library. The price of this book is: Cloth, $4.00, net; Half Morocco, $5.50, net.

Physical Therapeutic Methods. A Handbook of Drugless Medical Practice (Including a Chapter on Radiography). By Otto Juettner, M. D., Ph. D., Author of Modern Physio-therapy and Daniel Drake and his Followers; Physician to Seton Hospital, Cincinnati, Ohio; Fellow of the American Electro-Therapeutic Association, the American Physio-Therapeutic Association, the American Association for the Advancement of Science, the American Academy of Medicine, the Roentgen Society, London, England; the Royal Society of Medicine of England, the Royal Microscopical Society of England, the Royal Anthropological Institute of Great Britain and Ireland, the Society of Arts, London, England; the German Roentgen Society, Berlin, Germany; the Academy of Medicine of Mexico; the Societe de Radiologie et Electrologie, Paris, France; Member of Ohio Valley Medical Association, the Cincinnati Roentgen Club; Secretary of the Cincinnati Day Camp Association for the Treatment of Consumptives, etc. 1910. Harvey Publishing Co., Cincinnati, Ohio.

This book contains what might be called a system of drugless practice. Diet and hygiene and electro-therapy are thoroughly and practically brought out and discussed in this volume. The object throughout has been to give these methods their proper place as links in the great chain of modern therapeutic agents. This book will be of great aid to the physician along therapeutic lines, and personal hygiene.

The book is neatly bound, thoroughly indexed, and in every way up-to-date in its structure. The illustrations are exceedingly good, and well brought out. It gives us pleasure to recommend the book to the medical profession.

Modern Medicine: Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in the Johns Hopkins University, Baltimore; Formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and of the Institutes of Medicine in McGill University, Montreal, Canada. Assisted by Thomas McCrae, M. D., Associate Professor of Medicins and Clinical Therapeutics in the Johns Hopkins University, Baltimore; Fellow of the Royal College of Physicians, London. Volume IV. Illustrated. Philadelphia and London: Lea & Febiger. 1908.

This volume of Osler's Modern Medicine contains articles on the diseases of the circulatory system, diseases of the blood, diseases of the spleen, thymus and lymph glands, therefore it is divided into three parts. The contributors to this volume are as follows: Maude E. Abbott, B.A., M.D., Robert H. Babcock, A.M., M.D., George Blumer, M.D., Richard Cabot, M.D., Alexander G. Gibson, M.A., B.M., M. R. C. P., Charles F. Hoover, M.D., Irving Phillips Lyon, M.D., A. McPhredan, M.D., William Osler, M.D., F. R. S., Joseph H. Pratt, M. D., and Aldred Scott Warthin, M.D., Ph.D.

The illustrations in this volume, like those in the other three volumes, are of a very high type. The book is well bound, carefully indexed, and in every way seems to be quite complete and attractive. It contains 865 pages of reading matter. It gives us pleasure to reeommend it.

Lippincott's for March.

It is quite evident that age cannot wither, nor custom stale, the infinite variety of Lippincott's Magazine. Each month it bobs up serenely with a first-class complete novel, seven or eight entrancing short-stories, and a wealth of miscellaneous matter, all timely and readable. There may be dull lines here and there, but they are lost sight of in the general excellence.

The March issue opens with a romance of the automobile, "The Substitute," by Eleanor M. Ingram. This is a remarkable piece of fiction—remarkably interesting, remarkably realistic. There are thrills all through it, and the description of the motor-race at the end is so vivid and enthralling that it affects one very much as would one's actual presence at the track. The characters are all splendidly depicted, and the love interest is wholly charming. Lippincott's has published many fine novelettes, but there is no question about "The Substitute" ranking among the very best.

Nor are the short-stories a whit behind the novel in point of excellence. They are "The Smile of a Lady," by Owen Oliver; "Transients in Nineveh," by Will Levington Comfort; "A Bargain in Rugs," by James Raymond Perry; "The Hills of Dawn," by Mabel Nelson Thurston; "Going Up," by Ella Middleton Tybout; "The Case of David Giddly," by Ellis O. Jones, and "The Hold-Up," by Roscoe Gilmore Stott. "Short-Shrift," a dramatic burlesque by John Kendrick Bangs, is in this well-known humorist's happiest vein.

The third of Joseph M. Rogers' series of six articles on "What is Wrong With Our Public Schools" deals with "The Teacher." As might have been expected, these papers are creating something of a sensation in pedagogical circles, and, to some extent, outside. "The Teacher" is one of the most important, as well as one of the most interesting, of the series.

In "Ways of the Hour" the following subjects are discussed: "Grand Opera in English," by Minna Thomas Antrim; "Rich and Poor Dependents," by Bolton Hall; "An Old Friend" by Thomas L. Masson; "Chew Your Universe," by Homer Croy; "Are all the Great Authors Dead?" by Littell McClung. Thomas L. Masson also contributes a short and intensely funny sketch entitled "Argument".

Poems by Florence Earle Oates, William R. Benet, Ethel Talbot and Rose Chambers Goode; spicy epigrams by Minna Thomas Antrim; and "Walnuts and Wine"—sixteen pages of signed jokes, jingles and anecdotes—complete the number. It's a big quarter's worth.

Suggested Reforms in the American Medical Association.

The following resolutions were adopted by the Chicago Medical Council at a meeting held January 11, 1910:

Whereas, The Chicago Medical Society is an integral part of a constituent society of the American Medical Association, and therefore vitally interested in the welfare of that great organization, and

Whereas, certain conditions exist which menace the best interests of the members of the American Medical Association, and of the profession at large; therefore, be it

Resolved, That the Chicago Medical Society, in council assembled, recommends the following changes in the policies and management of the American Medical Association:

1. The laws should be so amended that no one person will be permitted to hold, at the same time, more than one executive or honorary office in the Association.

2. The office of General Secretary and the positions of Editor and Manager should be separated, and no person should be permitted to fill more than one of these places at one time.

3. The offices of Editor and Secretary should be filled only by men educated in regular scientific medicine and of unimpeachable professional records.

4. The number of trustees should be increased.

5. All officers and employes whose duties involve financial responsibility should be bonded.

6. The laws governing admission to membership in the American Medical Association should be so amended as to make it mandatory upon the Secretary to enroll applicants who have complied with the provisions of the by-laws governing the same.

7. Space should be set apart in the Journal for free and courteous discussion of the policies and methods of the Association, or for any other matters which may appeal to the members at large as bearing upon the interests of the Association.

8. Provision should be made for the initiative and referendum.

9. No member should be expelled from the Association without a fair trial and full hearing.

10. No person who is a general officer or member of the House of Delegates or Board of Trustees or an employe of the American Medical Association shall be eligible to serve as a general officer or member of the House of Delegates or Council of any constituent Association. Be it further

Resolved, That the Secretary of the Chicago Medical Society be instructed to publish these resolutions in full in the Bulletin of the Society, and to transmit a copy of the same to the Journal of the American Medical Association and to the editors of the various State journals.

The substance of the above resolutions was published in the Inter-Ocean the following morning, and entire in the Medical Record of January 22. They were then fortunately discovered by the A. M. A. Journal and published January 29, in the medical news section with the side-title, "Passed Resolutions." They were in brief, studiously ignored by the official journal although subversive of the present organization and conduct of the American Medical Association. This, too, although passed by the Medical Council of the largest Society in the Association and published in its Weekly Bulletin of January 15, in the home city of the Journal, and discussed within gunshot of its publishing house.

Of the Councillors, 27 voted for the resolutions, 18 against them and 10 were absent,

according to the delayed report of the Association Journal.

The profound reforms are, in our belief, those the great body of the Association earnestly desires. They are along the same lines as those advocated by Dr. Lydston, of Chicago, in numerous addresses and published articles.

The present status is grievous and intolerable to thousands of the members. It is the result of overorganization, centralization of power and that arrogance and abuse of power which so naturally follows. We have a parallel situation in the National Congress, only there it is curbed and checked by executive influence and veto, by federal and supreme court decisions, and by a still greater power—that of public opinion expressing itself by the ballot, and voiced by a free and untrammeled press.

But there is no free press for the membership of the National Association, no opportunity for "free and courteous discussion of the policies and methods of the Association." Not even the resolutions of its most powerful society were recognized until published by the Record.

Nonetheless, these Chicago resolutions are the entering wedge. There were enough delegates at the Atlantic City meeting willing to have passed similar resolutions, but their hands were tied. We may hope for better results at the St. Louis meeting.

The resolutions make no attack on the meticulous secretary-editor of the Journal. And this is well; he has lived according to his lights, and no doubt, has done the best he could.

Dr. Simmons is plainly not the man to represent the Association through its journal. In this country "editor" means much; indeed, too much, as the periodical could be managed by a committee or by the trustees until a suitable man is found or reorganization is secured along the lines of the Chicago resolutions. Would the Journal stop if Dr. Simmons should die or resign? All the world loves a lover; almost as much the world loves a fighter, but Dr. Simmons is neither.

Functionally he is dead; why fight over his remains. His name is Ichabod, and good-boy resolutions and silver service trinkets will no longer avail. The rank and file of the Association will not be patronized; they will not sink their State societies in the national society, nor cut their State journals by the Chicago pattern, nor be forever defendlng the Editor-Secretary-Manager for his past history or present policy. When Dr. Simmons resigns, if so happy a solution should occur, the trustees, we hope, will find an editor with a backbone, a man who can look his fellow physicians straight in the eye, can answer a letter without quibbling or evasion, can openly call the bluff of his detractors, if they should arise, without paltering with truth, evading duties or dodging issues, or hiding under the skirts of the official or would-be official flunkeys who do not care a rap for the Association Journal or its editors only as they may use them to the ends of their own personal ambition and aggrandizement. The Society is the thing. In this case Dr. Simmons is nothing. Official commendation and the usual annual whitewashing will accomplish nothing. Dr. Simmons did not meet the issues squarely—and who can fight for a man who will not fight for himself. He should tender his resignation to the Board of Trustees at once, for his days of usefulness to the Association are passed.

The Association is greater than the interests of either Dr. Simmons or Dr. Lydston. Men may come and go, but the Association will go on forever.—Indianapolis Medical Journal.

The Remedial Value of Iron

Amid all the doubt that modern skepticism and therapeutic nihilism have aroused in the professional mind, in regard to the medicinal or drug treatment of disease, we have yet to hear any question as to the distinct value of iron in anemic, chlorotic and generally devitalized conditions. This metal is, indeed, the physician's mainstay in such cases, and cannot successfully be omitted or replaced. There does exist, however, considerable difference of opinion as to method of administering iron and as to the most generally eligible preparation of same. The tincture of the olden times, prepared from iron filings, has in these later days, been superseded by the less irritant and more tolerable preparations introduced into modern pharmacy. Among such products none has seemed to be so generally acceptable and promptly assimilable as the organo-plastic form represented by Pepto-Mangan (Gude). The ferruginous element in this preparation exists as a true peptonate, in combination with organic maganese, iron's side-partner in reconstructive blood therapy. It is palatable, readily tolerable, quickly absorbable and assimilable and entirely free from irritant or constipating effect. Pepto-Mangum (Gude) rapidly restores vigor to the circulating fluid and because blandness and ready tolerability is especially valuable in pediatric practice.

Review of Southern Medical Literature

The Alabama Medical Journal, December, 1909.

The Value of Vaccine Therapy in Surgical Affections.—Dr. J. P. Long quotes the following experiences of various men who have had applied vaccine therapy in infections by the bacillus coli communis group:

Allen says: "The colon bacillus and its near allies are especially associated with disease of the abdominal organs, setting up such conditions as peritonitis, cystitis, urethritis, endometritis, abscesses in and around the kidneys, enteritis, perityphilitis and inflammation of the gall bladder and its ducts. It also occasionally is the cause of empyema, puerperal fever and even suppurative periostitis."

Allen cites the following cases—viz: Three recorded by Wright (1) which were successfully treated by vaccines; one of cholecystitis which had existed sixteen years; one of acute coli infection of biliary passages with operation followed by fever, jaundice, and flowing bile through external wound; one case in which fourteen gallstones had been removed by operation. The sinus refused to close and injections of vaccine were given. Sinus closed but was followed by rise of temperature and reopening of sinus. This procedure and result were repeated, and sinus closed again to remain closed.

Western records two cases of cystitis successfully treated by vaccines.

Turton records four cases, one following gall-stone operation with rigors, etc., two of appendicular abscess, and one of cystitis in which cure followed vaccine therapy.

Butler Harris (1) says that in many cases of slight endometritis, with cervical catarrh, the colon bacillus is present. He finds that 5,000,000 of a vaccine given a week after the period, and repeated a week before, will cure the local infection and improve the general health. This treatment ought to be continued for perhaps six months.

Allen further says: "The advisability of raising the opsonic index to the colon bacillus, prior to abdominal operations, in cases where contamination of the wound is feared, is worthy of earnest consideration. A dose of 50,000,000 to 100,000,000 of vaccine three to seven days previously will suffice."

Delirium Tremens—A New Plan of Treatment.—Dr. Geo. E. Pettey says for the purpose of restoring the volume of blood, supporting action of heart and promoting elimination by kidneys, normal salt solution is given by rectum, by hypodermoclysis, and in severe cases intravenously. This is pushed until the entire arterial and venous systems are filled with fluids to their utmost capacity, then this fluid is drained off by the bowel with large and repeated doses of epsom salts; the idea being to practically wash the poison out of the blood by forcing fluids into the system and draining the same out by the bowel and kidneys. Calomel is given in full doses at the beginning of the treatment. Sparteine in doses of two grains is given every two to six hours for the purpose of giving additional support to the heart and promoting action of kidneys. This remedy is classed as our most reliable heart tonic and an efficient non-irritating diuretic. For the special purpose of combating the delirium in the hyperemic cases, gelseminine is given in doses of 1-25 grain every one to two hours until its full physiological effect is developed, unless the delirium and unrest are sooner allayed. This drug is a reliable cerebral sedative and motor depressant and is not incompatible with any drug indicated in the hyperemic type of cases, but should not be given in the anemic cases. Strychnia, a drug, the effects of which are directly opposite those of gelseminine, is given for the control of the delirium in the anemic cases. Strychnia is positively contraindicated in the hyperemic cases. But in the anemic cases, by increasing the blood supply to the brain it quiets delirium. Alcohol is reduced to a moderate quantity but not entirely withdrawn during the delirium. Physical restraint is condemned. Opiates and other narcotics and sleep-producing drugs are condemned.

Gaillard's Southern Medicine, December, 1909.

The Early Diagnosis of Gall Stone Disease.—Dr. J. E. Cannady says there is, relatively speaking, no such thing as symptomless stone in the gall bladder. If we inquire carefully into the past history we will find the symptoms in abundance. We had as well speak of a symptomless stone in the urinary bladder as in the gall bladder. Neither gall stone colic nor juandice are at all necessary to the diagnosis of gall stone disease. The sooner we get over this fallacy the better it will be for our patients. The very earliest symptoms are often quite trivial in character and frequently referable to the stomach. There is a feeling of fullness, weight or distention in the epigastrium. This is both persistent and annoying. It is generally relieved by belching, and vomiting gives complete relief. Relief may be given by bending the body forward, by loosing the clothing, or by flexing the thigh or the body. There is at times a little pain in the gall bladder region, at times a respiratory effort is cut short by a sudden stab-

bing pain. There may be a slight chilliness in the evening with a goose flesh feeling of the skin. These symptoms have often gone unrecognized. About every fourth woman past middle age and a few less men have gall stones.

Gulf States Journal of Medicine and Surgery and Mobile Medical and Surgical Journal, December, 1909.

Etiology and Pathology of Appendicitis.—Dr. G. R. Holden believes that abscess in appendicitis untreated by operation may terminate in one of several ways. It may rupture into the abdominal cavity and thus start a general peritonitis. It may become adherent to the anterior abdominal wall and rupture externally, or else set up a widespread phlegmon of the wall. A retrocaecal abscess may point along the line of the psoas muscle, or work its way along the muscular planes of the abdominal wall. Rupture inside the abdominal cavity may take place into the caecum, rectum, bladder, gall-bladder or pleural cavity. Recovery of course is possible whenever by rupture, the abscess manages to drain itself sufficiently well to the outside of the body, be it by direct rupture through the abdominal wall or indirectly by rupture into some hollow viscus connecting with the outside of the body. When rupture of the untreated abscess does not take place, septicaemia or pyaemia will almost certainly ensue later and terminate the scene. It must be conceded, however, that in some very exceptional cases pus from an abscess can be absorbed and a cure take place spontaneously without rupture of the abscess. In such cases the amount of pus is very small, the bacteria not very virulent. The organisms first die, the pus becoming sterile, and then is reabsorbed. Such terminations are very rare.

The Diagnosis of Appendicitis and the Indication for Operation.—Dr. F. W. McRae says that statistics prove conclusively that early operations, done within the first twelve to forty-eight hours, give a mortality of less than 2 per cent. While the cases treated medically throughout, give a mortality of 20 per cent. Showing a balance of 18 per cent. in favor of prompt operation. Further those operated on are cured. Those treated medically have simply been tided through an attack, and are ever after menaced by a recurrence. Any recurrence may be a death dealing one.

All fulminant cases of appendicitis are operative throughout the course of the disease, until the last vestige of hope has vanished. All cases of appendicitis progressing unfavorably should be given the privilege of immediate operation, and forcefully urged to submit thereto, as well as all marked exacerbations in the course of a case apparently progressing favorably towards recovery.

The Texas Medical Journal, December, 1909.

Diagnosis and Surgical Treatment of Acute Pancreatitis.—By Dr. E. Lanphear.

The Southern Clinic, December, 1909.

Accidental Deaths.—By Dr. G. B. Simpson.

Virginia Medical Semi-Monthly, Dec. 24th, 1909.

Dr. C. V. Carrington says that four States in the Union—Indiana, Connecticut, California, and Utah—have passed laws requiring that certain classes of criminals should be rendered sterile. Indiana has had such a law for several years, and has sterilized several hundred. Utah has only very recently passed the sterilization law.

About a year ago the author read a short paper on the subject of sterilization before the National Prison Association, then meeting in Richmond. That little paper provoked an immense amount of discussion and correspondence. One dear old lady who has taken a keen interest in prison work for years, and is a deep thinker and good worker, came to me after the close of my paper and said: "I don't suppose I ought to speak to you on the subject of your paper, but I am old enough to speak my mind, and if all of 'em (meaning habitual criminals) were treated as you recommend, it would do an immense amount of good, and save a lot of crime and meanness;" and the old lady was dead right.

Pellagra—Its Etiology, Pathology, Diagnosis and Treatment.—Dr. G. W. G Rohrer is convinced that pathologically, pellagra should be classified with the infective granulomata.

The following is additional evidence that pellagra is due to a fungus: The skin lesions in pellagra are similar to those produced by an allied fungus—namely, *claviceps purpurea*, the organism which excites the growth of ergot of rye.

It was definitely proven that musty corn was the cause of my fatal case of pellagra. To prevent pellagra, corn meal should be made from properly cured corn. Also avoid eating leguminous foods (peas and beans) and buckwheat, the pods of which have lain on the damp ground. The *aspergillus fumigatus* sometimes grows upon these articles of food, but the role which they play in the causation of pellagra is a minor one.

Meteorological conditions, especially in the great corn belt, have much to do with

the prevalence of pellagra. Many cases are apt to follow a wet season, while comparatively few will develop after a dry season. A wet season furnishes ideal conditions for the growth of the *aspergillus fumigatus*. The past season has been a remarkably dry one; hence we need not expect a new outbreak of pellagra for some time to come.

The harvesting of corn by machinery—that is, the use of the corn harvester, sometimes called the corn binder—is responsible for the alarming prevalence of pellagra in recent years. The corn is bound into bundles and cannot ripen or mature properly, owing to exclusion of the air and sun; a favorable environment is thus afforded for the growth of the *aspergillus fumigatus*.

The Ocular Manifestations Associated with Intra-Cranial Lesions Complicating Aural Disease.—Dr. S. McSmith draws the following conclusions:

Eye symptoms, like blood examinations, should not influence the diagnosis of an intra-cranial lesion in the presence of other distinctive symptoms.

In brain abscess, ocular symptoms may be absolutely lacking or they may occur so late as to make it impossible to wait for their appearance.

In meningitis ocular symptoms are frequently present, but are variable.

In extra-dural abscess and sinus thrombosis there are no eye symptoms unless the condition is extremely far advanced.

Labyrinthitis usually has nystagmus as a constant symptom from the beginning of the inflammation.

For diagnostic purposes, the eyes should be subject to frequent examinations by an expert in all severe aural diseases.

The American Practitioner and News, Dec , 1909.

Diagnostic Value of the Urine.—Dr. E. S. Allen believes that the alkalinity of the urine is due to two alkalies, the one a volatile, the other a non-volatile alkali; the volatile alkali is the carbonate of ammonia. It is frequently essential to know which form of alkali is responsible for the reaction, for both turn red litmus paper blue. But in case the fixed alkali is present, the litmus does not change back to red upon being heated, whereas if the carbonate of ammonia is present, the red litmus regains its color on being dried. This differentiation is of importance, because urine showing a volatile alkali is generally an evidence of some inflammation somewhere in the urinary tract.

If both volatile and non-volatile alkali are present in the urine, of course the above tests will be negative; and Hemmeter suggests the following differentiation: Place one hundred c.c. of urine in a glass flask, to which is fitted a cork; on inserting the cork allow a moistened red litmus paper to be placed against its side, and extending down into the flask, but not reaching into the urine; heat the flask gently, but do not boil, and if any carbonate of ammonia is present the red litmus paper will immediately turn blue. Fixed alkalies in the urine generally effervesce on the addition of an acid, and to a certain extent is indicative of poor oxidation in the tissues and is associated with melancholia, dyspepsia and depression of spirits.

Removal of the Tonsils by Blunt Dissections or Tonsillectomy.—Dr. W. C. White places the patient on the right side with the arm and leg flexed under the body and a sand pillow under the neck. This throws the field of operation lower than the trachea and relieves the chance of the patient asperating blood or mucus. The tonsil is then seized with any suitable velsellum forceps and traction made outward. This places the capsule on a stretch and the line between the tonsil and the pillar is plainly seen. The tongue depressor at this point is given to an assistant and a blunt pointed dissector, very similar to the Allison dissector, is introduced at the upper part of the gland and the capsule is freed from the pillars and supratonsilar space. This dissector is carried all around the tonsil until the gland is only held in position by a pedicle at the base. At this point you introduce your wire snare over your vulsellum forceps and push it well down around the base, being careful not to include the uvula within your wire loop. When the wire is in position and the operator holds same there, the assistant tightens the loop by a screw wheel until it cuts through. This wheel is tightened slowly and relieves us of much danger of hemorrhage. The bed is then examined for any bleeding points which, if the operator has followed the capsule, will be very few.

The Southern Practitioner, December, 1909.

Protection Against Malaria.—Dr. Robt. Powell says that in conversation with physicians in attendance on the post-graduate schools here, he finds quite a number who have tried this remedy, and every one of them testifies in its favor. Others deride it, but have not given it that test that enables them to form an opinion. About six grains of sulphide of lime and one-tenth grain of sulphide of arsenic form the daily dose for an adult, this being divided into three or more doses. These must be taken an hour before meals, or, at least, not during the

period of acid digestion, as the hydrochloric acid will decompose the sulphides and cause very unpleasant eructations of fetid gas. These doses refer to the pure articles. Much of that on the market is said to be impure. The only way for the doctor to know seems to be to give increasing doses until the perspiration smells like a forgotten egg. It is not necessary to push the administration so far, or beyond the slightest perceptible odor.

New Orleans Medical and Surgical Journal, December, 1909.

Retropharyngeal Abscess.—Dr. Humer Dupuy gives the following outline of treatment:

In the very beginning, when the condition is purely a retropharyngeal adenitis without breaking down of tissue, the free and constant use of ice-bags encircling the whole neck map prove abortive. Pus formation, however, is the usual outcome and the indication is a free incision through the mouth. A guarded bistoury is used and the incision is made into the posterior wall of the pharynx, a little to one side of the median line. The finger then first presses the pus sac from below up so as to relieve the accumulation in the region of the larynx. This pressure, in fact, is applied in all directions. Should the symptoms indicate that incision has closed with a reaccumulation in the sac a probe will reopen the line of incision and pressure is again reapplied. This closure may occur a day or so after the first surgical intervention. But the treatment outlined will seldom fail to bring about an ultimate cure. Operate without anæsthesia and with the child placed recumbent on the lap of an assistant. With the head bent downward and backward the possibility of pus finding its way into the larynx is reduced to a minimum. As the chronic retropharyngeal abscesses are due to a tubercular adenitis or to a bone lesion, all authorities agree that the external surgical route back of the sterno-cleido mastoid muscle is the clear indication.

Vincent's Angina.—Dr. A. L. Weil quotes Berkeley:

(1) A spindle-shaped bacillus which Vincent called the *Bacillus fusiformis*. It is 7 to 14 m in length, 1 to 2 m greatest thickness and stains fairly with most of the analine dyes, very brightly with carbol fusion. In swabs from the throat the germ is nearly always beaded, showing two to five unstained zones with stained zones between. They decolorize readily with 95% alcohol and with mineral acids. Effect of the Gram method is disputed, but probably it is negative. Whether or not the bacillus is motile is still a mooted question.

(2) A spirillum 1-2 to 1-3 as thick as the bacillus, staining much more lightly as a rule and showing two to five spiral turns which may be tight or loose. Its length is from 15 to 25 m., it is generally agreed to be motile. In a fresh specimen from my case the motility was demonstrated. Stained flagellæ have not been demonstrated either in the bacilli or the spirillæ.

Numerous culture experiments have been made, but thus far no one has succeeded in growing the organism in pure culture. In some cases a mixed culture has been successfully carried through several transplantations, but it is soon destroyed by an overgrowth of other organisms, chiefly cocci.

The two organisms must be present together, that is in "symbiosis" to cause the disease. The presence of one alone is insufficient.

Atlanta Journal-Record of Medicine, December, 1909.

The Cure of Traumatic Neurosis.—Dr. T. H. Williams says that hysterical anorexia is not due to failure of the function of eating, but is due to the positive notion of not eating. An hysteria incapacitating locomotion is not due to the absence of the power to walk, but *is* due to the positive idea of not walking. This is not a mere unibble. A hysterical manifestation is not due to the absence of something needed for normal adaptation, but is due to the presence of something redundant; namely, the false fixed idea which determines the patient's autopsychic or allopsychic misconduct.

The corollary of these principles is that a hysterical outbreak merely connotes a sufficiently powerful suggestion in a susceptible person. Now susceptibility to suggestion is as variable as that to tuberculosis or malaria. No one is quite immune. We can measure none of these, but we can test any of them, although it is not always advisable to do so. When necessary, however, as in a medico-legal case, this can always be done; for attention, perception, memory, association of ideas, fatigueability, and even the emotional reactions can be sufficiently and accurately estimated for clinical purposes.

Hence, the medical man need no longer rely upon vague impressions of nervism or hystericalness; for it is his duty to estimate these as accurately as he counts blood corpuscles, or ascertains the reaction to tuberculosis. It is only by such experimental methods that our art can remove the reproach it has justly incurred regarding the cure of so-called traumatic neurosis.

Gaillard's Southern Medicine, January, 1909.

Intracapsular Fracture of the Hip - Prognosis and Report of Cases.—Dr. J. N. Upshur says that the diagnosis is usually easy. Shortening, deformity of the hip, inversion of the foot, preternatural mobility and pain. The last may be intense or excruciating, or it may be very insignificant or entirely absent. On the other hand, if the injury has occurred in a young subject there may be no symptoms but pain; and the most careful examination even under complete anesthesia may, in the experience of the best man, leave the diagnosis in doubt, the X-ray only solving the problem.

If the fracture be impacted there may, probably will, be preternatural fixedness in the joint.

The danger of the injury should be fully appreciated, and if the subject be fifty or over, in proportion to the advance in age should the prognosis be very guarded, even though the patient be doing very well and the outlook appear favorable. I would emphasize the fact that a serious phase may be put on the case any time after the tenth day and a fatal termination may result. Even in the young subject, emphasis should be given to the prognosis of recovery with more or less shortening and impairment of the function of the joint, making these facts clear to those interested. Even when this is done, as a result of unreasonableness, bad advice from friends, or the kindly assistance of some doctor with an obtuse sense of his duty to his profession and regard for a brother practitioner, the attendant may find himself obliged to face a suit for damages; and even though he may successfully defend his treatment and non-suit the plaintiff, it will not relieve him from the injustice and outrage of having to pay a legal fee.

Americau Practitioner and Naws, January, 1910.

Induction of Anesthesia.—Dr. J. W. Hein says that if chloroform is to be used, nitrous oxide can be given, and after the patient is under the nitrous oxide, a small amount of ether, and then the chloroform.

In using this method more oxygen should be used than when ether is given, as there should be no cyanosis or jactitation present when the chloroform is administered, but the patient should present a good rosy color.

This method eliminates the most dangerous part of chloroform anesthesia, when the patient is so liable to do badly during the excitement stage, in struggling and holding their breath, and taking a full breath and filling the lungs with chloroform, and carrying the blood laden with chloroform to a heart that is exhausted by the struggling. The advantages of inducing anesthesia with nitrous oxide are: It is safer, shorter, most pleasant to the patient and tends to lessen post-anesthetic vomiting.

Texas Medical Journal, January, 1910.

Asthenopia Due to Disorders of the Stomach.—Dr. H. L. Helgartue believes that frequently patients with headache and asthenopia consult oculists, thinking that glasses will correct neuralgia or painful vision. Upon very careful examination of the eye and its appendages, no defect—at least not sufficient to account for the trouble—can be detected. Then it is the duty of every oculist to look beyond the eye for the cause of the trouble. In many such cases, attention has been directed to the stomach, and a proper examination in most instances has revealed an excessive acidity with excessive secretion. In quite a number of such cases, entire relief from all eye symptoms, with proper local and constitutional treatment directed at the stomach, and no treatment for the eye. It is a well known fact that a specialist is prone to attribute all "the ills that flesh is heir to" to an affection of some organ which belongs to his particular specialty. It is, therefore, important to guard against this weakness and to view patients with the greatest possible broadness. The author does not wish to depreciate necessary eye treatment in this particular class of patients: if we find sufficient error of refraction, the proper lens should be ordered; if muscular insufficiency is found, suggest such treatment as seems best suited for the case.

The Southeru Practitioner, January, 1910.

Hystero-Epilepsy.—Dr. W. T. Mares says that the paroxysmal outbursts in hystero-epilepsy are so strong in many cases that it may not be easy to differentiate one of these from a true epileptic seizure. In hystero-epilepsy there may be extreme passivity which results in a deep sleep similar to epilepsy. But after the patient comes completely out from a paroxysm she is not likely to manifest a tendency toward prolonged somnolency as does the epileptic. After a paroxysm, the hystero-epileptic sufferer is likely to be morose and melancholic for several days and may even attempt suicide. The temperature is normal during a hystero-epileptoid convulsion, while in a true epileptic seizure there is elevation of temperature, often several degrees. During the attack of hystero-epilepsy the characteristic hysterical symptoms may not be manifested and there is absence of any malingering. The spell usually lasts from one to four hours, during which the patient experiences all sorts of hallucinations and mental vagaries.

Abstracts of the Leading articles of the month.

Acute Inflammations of Upper Abdomen.—Robson, in The British Medical Journal, says that it is not sufficiently recognized that acute appendicitis nearly always commences by sudden pain above the umbilicus, and only after some hours does the pain settle in the cæcal region, though from the first rigidity of the lower part of the right rectus and tenderness at some point between the umbilicus and right anterior superior spine of the ilium will usually indicate the true nature of the disease. If, however, the cæcum is displaced upward, or the appendix is unusually long and extends upward, appendicitis may lead to confusion in diagnosis. Where a suspicion of appendix trouble arises in a case in which the focus of acute inflammation renders it desirable to open the abdomen above the umbilicus, he makes an incision about an inch to the right of the midline, and separates and draws outward the rectus, thus enabling the abdominal wall to be efficiently repaired by suturing the anterior and posterior rectus sheaths separately. In this way the incision may be safely extended downward as far as necessary, with the knowledge that no weakness will be felt. Of acute cholecystitis, he remarks that this is one of the commonest causes of inflammation in the upper abdomen. It may be secondary to cholelithiasis or to typhoid fever, or may come on without any apparent primary cause. In some of these cases the diagnosis is readily made from the previous history of gallstone attacks, as well as from a swelling of the gallbladder and right lobe of the liver associated with local tenderness; in others, the local symptoms and signs are so definite that, although there may be no previous history pointing to gallbladder trouble, the diagnosis is not difficult; but in some cases an exact diagnosis may be almost impossible, as the symptoms may be so acute as to stimulate perforation of the stomach or duodenum, or some other acute abdominal catastrophe. The treatment of these cases is by cholecystectomy, for the gallbladder is so seriously damaged that, if left, it may not only prove immediately dangerous, but may give rise to ulterior trouble. The writer is not in favor of removing the gallbladder, as he does not think it to be the useless organ that some surgeons describe it to be. One of the most fatal of abdominal inflammations is acute pancreatitis, which is characterized by symptoms pointing to acute septic peritonitis starting in the upper abdomen. It may have been preceded by symptoms of gallstones, of which pancreatitis is a frequent complication, or it may occur without apparent cause. Be the cause what it may, as soon as diagnosticated or even suspected, the abdomen should be opened by a vertical incision a little to the right of the midline, starting above and continuing downward beyond the umbilicus. The focus of inflammation can then be reached, either through the great omentum below the stomach or through the lesser omentum above the stomach, or through the mesocolon by raising the transverse colon; the aim should be to incise and freely drain the inflamed area, packing off the adjoining healthy peritonæum by sterile or iodoform gauze. Even if there has been a difficulty in diagnosis before the abdomen is opened, the presence of fat necrosis at once demonstrates the true condition directly the abdomen is opened. In some exceptional cases, after making the diagnosis by an abdominal incision, it may be wise also to establish drainage of the lesser peritoneal sac through the left costovertebral angle by means of a stab puncture from within. Calculus of the pancreas, though an extremely rare condition, must not be lost sight of as a cause of inflammation in the upper abdomen. The diagnosis of pancreatic calculus may be assisted by the x-rays, for, while gallstones transmit the Rontgen rays, pancreatic calculi, which contains abundance of lime salts, are opaque to the rays. The presence of Cammidge's reaction in the urine and of an excess of neutral fat in the fæces, from the associated condition of interstitial pancreatitis, are also of valuable assistance.

Starch Digestion in Infants.—Cautley, in The London Medical Lancet, mentions the argument frequently raised that because there is no starch in human milk, all starch-containing foods are contraindicated in the feeding of infants during the first few months of life. In support of this claim various observations on the presence or absence of a starch-digesting ferment in the saliva and in extracts of the salivary glands or pancreas are constantly quoted. He believes, as the result of his studies, that our ideas on the subject of starch in infant feeding require modification, and that, with proper limitation in the quantities given and the form in which it is prescribed, it is more valuable as an article of diet and a more rational diluent of cow's milk than water, gelatine solution, and similar fluids.

According to Schiffer, Korown, Zweifel, Ibrahim, Schilling and others, a starch-digesting ferment is secreted by the salivary glands and pancreas of newborn infants, even before birth. Its amount and activity are slight in the first few weeks of life and

after that rapidly increase. The experiments made also show that the glands, especially the pancreas, can be trained by means of a starchy diet to the secretion of an increased amount of the starch-digesting ferment.

Oversecretion of Stomach Juice in Smokers.—Skaller (La Semaine Medicale) finds that nicotin caused an excessive secretion of gastric juice in dogs. It appeared that the effect was produced through the peripheral nerve centers, the drug acting, not directly on the mucous lining of the stomach, but through its influence on the nerves after absorption into the blood. The writer observed the same condition in inveterate smokers. In some smokers there exists a really grave form of this affection, in that the oversecretion of stomach juice occurs at certain intervals separated from each other by periods of relative comfort, comparable to the gastric crises seen in cases of locomotor ataxia.

Death from Taking Fifteen Grains of Veronal.—The British Medical Journal records a case of accidental death from veronal poisoning. The number of deaths following the administration of this commonly used sleep-producing drug has reached an appalling figure, such indeed that the London Lancet recommends that restrictions be placed upon its sale. In this particular instance the victim of the accident was a lawyer who had suffered for some time from insomnia and sometimes took drugs for its relief. At 3 a. m. he took fifteen grains of veronal. At 7 a. m. he became unconscious and in spite of competent medical assistance, died about 9 p. m.

Rodent Ulcer Treated by Potassium Bichromate.—Gemmill (British Medical Journal) reports the successful treatment of a typical rodent ulcer by means of potassium bichromate solution. The patient was a woman of 82 who presented an ulcer covering most of the bony skeleton of the nose, with a well-defined "rolled" irregular border, and an ulcerated center showing no granulations. A 10 per cent. aqueous solution of the bichromate was painted on the surface of the ulcer night and morning until a marked inflammatory reaction occurred in the surrounding tissues, the ulcer being protected between times by a piece of lint. The bichromate was then stopped and a dressing of boracic ointment applied until the surrounding inflammation was allayed. This treatment was repeated twice, the effect of the bichromate being the production of a sloughing over the whole floor, which extended under the rolled edge of the ulcer. Granulation was promoted, epithelium spread rapidly over the ulcer and cure was complete in three to four months.

Injections of Alcohol in the Treatment of Blepharospasm.—Valude (Annales d'Oculistique) reports three cases to show that alcohol injections made at the point of exit of the facial nerve constitute an excellent means of treatment, and are inoffensive and but slightly painful. It is of great value in trigeminal neuralgia. Moderate facial paralysis may follow the injection, but this usually disappears under treatment. It must not be allowed to develop to such an extent as to interfere with closure of the eyes during sleep (lagophthalmos), but be counteracted by electricity and massage. Valude claims that the patients will prefer immobility of the cheeks and lids to the discomforts of spasm. The alcohol is used in 80 per cent. solution with stovaine, injecting from 1 to 1.5 cc. The injection should be made slowly, moving the point of the needle around the supposed point of the needle around the supposed point of exit of the nerve. Usually only one injection is required, and cure is generally permanent. Exposure of the cornea, in case of development of facial paralysis, may have to be prevented by occlusion, provisional suture of the lids, or temporary blepharorrhary, and the use of electricity.

Iodine Treatment in its Relation to the Quantitive Excretion of Iodine.—Fischel (Archiv. f. Dermat. u. Syph.) says "as mushroons crop up after a shower of rain, so do new preparations of iodine, and one hardly knows which is most surprising, the fertility of language of their producers, or their chemical inventiveness." These compounds may be divided into two groups—the inorganic, of which the alkaline iodides are the representatives, as iodide of sodium, iodide of potassium, &c.; and the inorganic, of which there are two subdivisions—the iodised carbohydrates, where iodine is combined with a fatty basis, and the iodine albuminates. When we investigate the action of these preparations it must be primarily noted that we have exclusively to deal with iodide of potassium, as in whatever form the iodine is blended the greater part is transformed within the animal system into that salt. In prescribing iodides there are certain postulates to be fulfilled. The total amount of iodine excreted in the inception of exhibition should not be too great, *i.e.* it must be retained for an appreciable period in the organism. The elimination of iodine should not be excessive at any period of time, but as far as possible should be uniform. Excretion ought also to continue for a fairly long time, in noticeable quantity, after the last dose has been administered. In all observations a normal

activity of the kidney, the chief organ concerned in the elimination of iodine, is essential. As to the commencement of the appearance of the iodine reaction in the urine, there is a marked difference between iodide of potassium and the organic iodine compounds in favor of the former. This can be determined as early as one minute and a quarter after administration, and can be expected on the average within a quarter of an hour. In the case of sajodin it was not detectable in the urine till the second hour; iodoglidine gave indication of its presence in forty minutes. The duration of excretion varies: iodide of potassium is the most rapidly absorbed and likewise the most quickly excreted, while iodine in organic combination reaches the circulation more slowly but stays longer in the system. While a large proportion of the ingested iodine is discharged from the body, a part apparently remains, but of the fate of this we are not yet sufficiently informed. As regards the production of iodism by various preparations, this seems to depend on the quantity of iodine contained. Thus iodide of potassium contains three times as much iodine as sajodin. Where there is an idiosyncrasy to iodine, iodism cannot be avoided by the use of any preparation. If a rapid action is desiderated we should employ iodide of potassium; if we have mild forms of disease to contend with, then we can have recourse to the iodalbuminates and iodised fats. Of the latter, sajodin has the advantage of being tasteless.

The Chemistry and Pharmacodynamics of Tars, principally from the Point of View of their Use in Dermatology.—Brisson (Ann. de dermat. et de syph.) says that coal tar is an inexhaustible mine for the chemist, but the work of Dind, Brocq, and Jambon have assigned it a more prominent position than heretofore as a valuable agent for the cure of certain skin diseases. Tar is the solid residue of an organic substance which has been subjected to destructive distillation in a retort. When this is effected, three very different bodies appear—(1) combustible gases; (2) vapours condensible into watery products, and more or less heavy oils; (3) a hard, dry, black residue-coke. Among the numerous components isolated from coal tar, the variety under consideration, is carbolic acid, of which it contains from one-half to one part in a thousand. According to Jambon, the action of coal tar on the skin depends on two causes—one purely physical, the permeability of tar, the other, the presence of carbolic acid. But it is certain that all its efficacy is not due to this; the proportion is too small. There is likewise a minute quantity of sulphur, but we do not know precisely in what form, though assuredly in one poor in oxygen. Sulphur in presence of chloride of sodium becomes sulphuric acid, and in cases oozing eczema manifests a dehydrating influence. Quinolene is one of the ingredients found in largest amount. *In vitro*, this softens keratine, dissolves leucine, tyrosine, fatty bodies, &c. It is to leucol that tar owes its fluidity. Brocq recommends a thick tar, and Brisson agrees. Too thin a tar contains too much leucol and light oils, and is irritating. A thick tar poor in leucol is better borne by the skin. Ethereal-alcoholic tinctures are less tolerated than crude coal tar, which contains carbon in suspension. Besides the crude coal tar there are two combinations which may be usefully employed. One is a varnish of caseine containing half its weight of coal tar. This imparts a coating soluble in water, and not liable to soil the clothes. The second consists of equal parts of coal tar and powered coke—a soft powder—adhering well and pleasant to touch.

Infantile Tabes or Taboparalysis in a Girl Ten Years of Age.—Halben (Dtsch. Med. Wchschrift) mentions a case that came under observation in the University Clinics of Griefswald, Germany, where she received treatment for eye-trouble and lachrymation, without presenting any symptoms of grave nervous disease. About ten months after the author saw the child for the first time, she presented bilateral rigidity of the pupils, which were round and equally dilated to a diameter of about five milimetres; the convergence-reaction was absent, as there was likewise the reaction to light; accommodation was entirely normal. The patellar reflexes could not be elicited; there was some uncertainty in the patient's distinction between hot and cdld, pointed and blunt objects, but anesthetic zones were absent. There was no Romberg's symptom. The papillæ on both sides were unusually pale, while the child's vision and visual field were normal. Besides the above-mentioned symptoms, no signs of tabes or positive objective evidence of syphilis were demonstrable. The patient's father had died in the Insane asylum, from progressive paralysis, the mother had suffered from spinal cord disease, apparently tabes dorsalis, from which she had died. The patient was the oldest living child, and her birth had been preceded by several abortions, one still-birth, and a few brothers and sisters who had not lived for any length of time. This girl used to be very delicate, and as an infant was said to have suffered from ulcers on the back.

The neurological findings were later on

supplemented by another examination, which showed a well-marked tremor of the extruded tongue, with twitching of the muscles of the face. There were no disturbances of speech. The patellar achilles tendon reflexes were positively absent, and triceps and biceps reflexes at the arms were apparently absent also. The abdominal-wall-reflexes were represented only by the upper ones, on either side, and could be elicited but weakly. The plaatar reflexes were preserved. There was no Babinski. The radial periosteal reflexes were preserved on both sides. The contact and pain-sense seemed to be preserved throughout. There was some uncertainty in the distinction of pointed and blunt objects at the lower extremities, but this hesitancy was likewise noted at the upper extremities and also at the face. There was no trace of ataxia, and changes in position were very promptly noticed. The motor power was preserved.

While these findings hardly permitted any doubt as to the existence of an incipient tabes or tabo-paralysis, extremely rare at this youthful age, the condition was to be still further ascertained by the outcome of the serological examination; but no definite results could be obtained with the scanty available material. Meanwhile, no treatment, of any kind, prophylactic or curative, has been instituted, and the child is at present in enjoyment of good health. The lachrymation is no longer complained of and was apparently due to some local cause.

Torsion of the Omentum.—Schonholzer (Corresp. Blatt. f. Schweizer Aertze) says that whilst in the year 1900 there were only 5 cases of this condition on record, there are now over 70 cases reported in medical literature. The recorded cases may be grouped in two series: (1) those associated with the presence of a hernia; and (2) those occurring in the absence of a hernia. In the first series the etiology of the condition is usually as follows:—The patient has had for some time an epiplocele; the portion of omentum in the hernial sac hypertrophies and becomes thickened from chronic omentitis, the result of repeated trauma. This mass of omentum is connected by a stalk with the main body of the omentum in the abdomen. If this omental mass is replaced, by forcible taxis, within the abdominal cavity, it is liable to torsion on its narrow stalk. The omentum may remain within the hernial sac, however, and the torsion may first occur in the intra-abdominal portion and then affect the intra-saccular portion. If the omentum be adherent to the sac a double torsion occurs, the spiral twists running in opposite directions.

In the second series of cases in which torsion of a free intra-abdominal omentum occurs, there is always evidence of a preceding omentitis. In such cases the distal portion of the omentum consists of a thickened mass of chronic inflammatory tissue. This, by its weight, exerts traction on the proximal part of the omentum, which becomes attenuated and stalk-like. From some sudden movement or violent strain this pendulous omentum mass becomes twisted on itself, and soon gives rise to the features of strangulation. The omentitis has usually been a secondary infection from an appendicitis.

The symptoms are those of any other intra-abdominal torsion, and the differential diagnosis is not easy. Acute abdominal pain coming on after some violent bodily exertion, associated with vomiting and the formation of a tender swelling in the abdomen, especially if it be on the same side as a hernia, make one suspect this condition.

If left untreated, death may result from septic peritonitis. Among the 70 cases recorded there were 8 deaths.

The Effect of the Roentgen Rays upon Diabetic Patients when Applied to the Hepatic Region.—Menetrier (The Hospital, London,) says that the effect is most marked in the more severe form of the disease, with general debility and loss of flesh. In these cases the application of the X-rays is followed by a considerable increase in the glycosuria within the next 24 hours, and sometimes for several subsequent days, and a fall in the number of red blood corpuscles. Thus in one case the amount of sugar excreted in 24 hours rose from 1,000 to 1,600 grammes, and the number of red corpuscles fell from 3,470,000 to 1,170,000, or a loss of 2,300,000 corpuscles per cubic millimetre. The subsequent effect is, however, just the inverse of the preceding, and after some days of increased sugar elimination the quantity steadily diminishes till it is below the amount originally excreted before the X-ray applications. Similarly the loss in blood corpuscles is rapidly repaired, and the number of red corpuscles in the blood after successive applications of the X-rays is soon higher than the original count. With diabetics of the obese type with only slight glycosuria these different effects are much less marked. Experimenting with guinea pigs, it has been found that the application of X-rays in large doses causes a complete disappearance of glycogen in the liver accompanied by a marked atrophy of that organ.

The Treatment of Cystitis.—Gramenitzkiz (Russkij Wratsch) describes thirteen

cases of cystitis of greatly varied pathogenesis. Nearly all of them were successfully treated by cleansing the bladder with a 3% solution of boric acid, followed by intravesical injections of 100 cc. of a 1% collargol-solution which most of the patients were able to retain until the next micturition. Only in two cases of chronic cystitis, one of gonorrheal origin, and one due to prostatic hypertrophy, the patients could not retain more than 50 cc. of the collargol-solution. In one case of tubercular cystitis in which both kidneys were involved, the result was negative, while in another similar case, in which only one kidney was involved, collargol, after removal of the latter, exercised a very beneficial influence upon tubercular infection of the bladder. He considers collargol a valuable therapeutic agent in cystitis, whenever the process is limited to the bladder. The author also calls attention to its excellent hemostatic properties and accords to collargol, also in this respect, first place among the silver preparations.

The Cure of Warts by Suggestion.—Bonjour (Revue Med de la Suisse Romande) at a recent meeting of the Western Switzerland Medical Society, presented a boy whose warts he had succeeded in removing exclusively by suggestion. The child had been treated previously, but in vain with all the recent caustic agents, in an attempt to free him from the disfiguring warts which were scattered in enormous numbers over his face and left hand. Eight days after a session in which suggestion-treatment was employed, the warts presented a shriveled appearance, and at the end of another week they had disappeared. He claims that the method of suggestion has never failed in his experience, in the case of warts. These skin-growths occupy a very peculiar position in the list of tumors, and are characterizsd by their abrupt, sometimes inexplicable, disappearance. The suggestion-method of removal requires but one session, as a rule, and it is rare for three or four treatments to be necessary.

The Treatment of Endometritis.—Tweedy (British Medical Journal) says that the operation of curettage is possible to do in an improper manner, as is evidenced by the number of cases we observe uncured after what may be termed the "bedroom operation." He does not consume time in describing the operation in detail, but contents himself with mentioning a few important points. The most absolute cleanliness is as necessary as for any other surgical operation. The cervix should always be dilated before curetting, care being taken to avoid tearing it. A sharp curette should be used, but not so vigorously that the power of menstruation is ever afterward abolished. Handling the portion of an instrument that is inserted into the uterus will most certainly introduce germs of a more or less harmful nature. Blood clots and debris should be washed out with saline through a two-way Bozeman catheter. To more completely remove debris, Playfair's sound wrapped with cotton-wool is very useful. The wool should be applied to the sound, both boiled, and then dipped in a 1-to-3 solution of formalin before using. This has the effect of removing little masses which, partially attached to the wall of the uterus, have resisted the douche fluid. Formalin stimulates the uterus to contract. A wick of gauze in the uterus for twenty-four hours insures drainage, and, keeping the internal os open, stimulates the uterus to contract. The only subsequent treatment is rest in bed for one week.

Rupture of the uterus will happen to every one who has a large experience in curetting. In many instances the rupture is unavoidable, and often requires some skill on the operator's part to recognize. In the presence of a ruptured uterus curettage should cease; douching also should be avoided. On the other hand, a solution of formalin on a Playfair's sound is very valuable. It can be used gently to swab out the uterus. It will remove detached fragments, cause contraction, and act as a mild antiseptic. Gauze should also be inserted. Under such treatment recovery is absolute and entirely free from untoward symptoms. The endometritis is often cured, and cases have been observed in which an uneventful pregnancy has followed.

In regard to the treatment after curettage, he says that some operators do not look upon the primary operation as an ultimate or sufficient cure, and that they resort to frequent douches and local applications before they are finally satisfied with the result, whilst others, discarding the curette, rely entirely upon this mode of treatment. His own practice is opposed to both of the methods. Again, he assures us he bears in mind the cure of the ingrowing toe-nail, and states he knows of no surgeon who, having removed the nail, resorts to frequent applications of strong caustic to the sensitive matrix. Yet the conditions we have to deal with are very similar in both affections. We remove diseased structures and put the parts in as favorable a condition as possible, trusting that nature will reproduce normal tissues.

Gynecologists have been known to declare that the glairy or mucopurulent discharge seen at the cervix cannot be cured

by the method above suggested. For his part, the author states, he has never held that it could, nor does he believe that the mucous membrane of the body of the uterus is in any way accountable for this discharge.

It is seen that he gives first place to the curette in the treatment of chronic endometritis. At the same time, in mild cases he has seen much good, he asserts, follow local application of a 1-to-3 solution of formalin in water, without previous curettage, or the careful injection of iodine into the uterus. By this he does not mean that the cavity of the uterus should be swabbed out twice a week, or even once a month. We know that it often takes three months to reproduce a fully developed functionating endometrium. It is at such intervals that the author suggests the use of local applications, which should be used immediately after the cessation of a menstrual period.

We need not delay longer on the consideration of drugs which act specifically or indirectly on the uterus and its mucous membrane. Ergot, hydrastine, belladonna, strychnine, salines, and iron are the best known. They certainly have a place in the treatment of endometritis, but by themselves are powerless to cure.

Most of us have followed with interest the recent controversy on the use of the curette. He puts himself with those who believe that no operation for repair of the perineum, the cervix, or for displaced uterus should be undertaken without preliminary curettage. It is impossible to say precisely to what extent symptoms in a given case are due to the lacerated cervix, the prolapsed vaginal walls, the retroverted uterus, or to their accompanying endometritis. He says that he can conceive nothing more calculated to bring discredit upon gynecology than the neglect of this detail. Thus, when a patient is already under an anesthetic we know that we can curette with safety, we know that endometritis may be present without symptoms which definitely mark its existence, and we know that we shall do no harm even if it is not present. Therefore, the practical gynecologist, disregarding all theoretical objections, will continue to curette, and not sleep any the less soundly because of the fear that occasionally he has curetted without any necessity.

Cancer of the Penis and its Extirpation.—Don, in The Edinburgh Medical Journal, describes his technique in amputation of the penis:

After thorough washing with strong antiseptics and drying, or actual cauterization, a piece of dry sterile gauze is wrapped around the penis, including the ulcer or fungating mass, and this is covered by sterilized G. P. tissue, which is firmly tied behind, so that no fluid can be squeezed backward while the organ is being handled in the later stages. The rest of the field is then cleaned with a depilatory. Skin incisions are made as follows:

First, from opposite the internal ring along the track of the cord, and bending slightly inward to reach the middle line at the angle of the penis; secondly, from the pubic spine outward and downward across Scarpa's triangle. The skin is reflected well back off the glandular area up to Poupart's ligament, and the inguinal gland mass is dissected upward from below. The long saphenous vein and its branches will be ligatured as they are met with and removed with the glands. There is little danger at this stage of wounding the big vessels of the leg which lie deeper, but care must be exercised as the saphenous opening is approached. A little below this point the deep fascia should be opened and the femoral vessels exposed and cleansed. The epigastric, circumflex, and other branches will have to be ligatured. The mass is freed above from Poupart's ligament, which is cut through obliquely and is reflected with the skin covering it. This opens the inguinal canal freely, and the gland of Cloquet and the retrocrural glands are easily removed, and any enlarged or hard glands above these are searched for by retracting the inner side of the inguinal canal and pushing the peritoneum upward. The spermatic cord is ligatured above, cut, and removed from above downward with the whole mass of glands, fat, and fascia behind it and around the vessels. The cord is ligatured again below and divided. All hemorrhage having been arrested, the cut ends of Poupart's ligament are neatly adjusted by silk sutures, and the skin sewn into place.

A similar dissection is done on the other side.

The skin-flap covering the symphysis above is next reflected upward, and the subcutaneous fatty mass removed downward close to the bone till the suspensory ligament is reached, where the dorsal vessels are cut and ligatured. The whole mass now lies attached to the penis below, and the mobile part has still to be dealt with. Two incisions, three-quarters of an inch or more apart, are carried along the sides of the dorsum, and the skin is reflected for half an inch more on either side. The dorsal vessels are removed with the loose subcutaneous tissue down to the tough fibrous covering of the corpora cavernosa. Amputation only remains. Hemorrhage can be controlled by a temporary ligature at the

root while the penis is being dealt with as follows:

The skin is divided circularly well behind the disease. The two corpora cavernosa are removed by a V incision, the angle of the V being at the pectiniform septum, and the spongy portion is left projecting for half an inch. The arteries in the corpora are picked up and ligatured. The two corpora cavernosa are turned toward each other and their fibrous tunicæ firmly sutured together. The corpus spongiosum is cut farther forward and fixed to the under surface of the united corpora. This gives the urethra an upward tilt which prevents dribbling. The urethra is split laterally and sutured to the skin, which is closed with a continuous celluloid thread. A dressing is applied to the groin wounds only, and the penis is dusted with boracic and iodoform powder.

If the corpora and urethra are affected back beyond the scrotal angle, the prognosis is bad, as the intrapelvic glands will also almost certainly be involved, and a radical operation is almost hopeless. But something approaching a radical operation may be attempted. The steps of such an operation would be exactly similar to those given above till the triangular ligament is reached, when the further cutting will involve division of the scrotum. The urethral opening will then be behind the scrotum.

There is considerable shock after this prolonged operation, but by employing spinal anesthesia and arresting bleeding as it arises, even old debilitated patients are not beyond the hope of cure, and the risk of the operation and the chance of eradication of the disease must be weighed against the usual amputation and removal of palpably enlarged glands. The testes need not be removed, though atrophy will follow the operation.

The prognosis after ordinary amputation in very early cases is fairly good, but in late cases in which simple amputation is relied on, reappearance in the glands is the rule. This would probably be less often the case if surgeons always removed at least the first set of lymphatic glands as described above. But in the newer surgical text-books removal of the lymphatics is not recommended as a routine, and a recent critic deprecated such radical measures, stating that "it is difficult to determine at present whether the radical method can claim any advantage over simple amputation." Why such an opinion should be held by men who habitually clear out the axilla in mammary cancer it is difficult to conceive. Butlin recommends routine removal of lymphatics, and gives the percentage of recovery without this as about thirty-five

The Treatment of Lobar Pneumonia.—Latham, in The London Practitioner, says that stimulants should not be given as a routine measure. In nearly all cases stimulants are required some time or another, and if we are to obtain the full benefit of them we must very carefully watch our opportunity for using them. If they are given from the onset, their value at the most critical stages of the disease becomes less. As soon as the pulse shows any sign of becoming weak, more rapid, and more compressible, stimulants should be given. The best form of stimulation in cases of pneumonia is by means of hypodermic injections of digitalin, 1-100 to 1-50 grain, and strychnine, 1-60 to 1-30 grain, repeated at such intervals as may be called for in the particular case. Alcohol may have to be given in addition. The best form is old brandy, at first 2 to 3 ounces in the twenty-four hours, increased if necessary to 12 ounces or more.

When the crisis is expected the nurse should not leave the bedside. Extra warm clothes and hot bottles to the extremities should be employed as soon as the crisis occurs. An ounce of brandy in 4 ounces of hot water should be given at once, together with a hypodermic injection of digitalin, 1-50 grain, and strychnine, 1-60 grain.

After the crisis the milk and broths should be thickened with arrowroot. A fish diet may be given in most cases at the end of forty-eight hours if progress is satisfactory. The amount of alcohol now given should be reduced, but if there is any tendency to cardiac failure the use of alcohol, digitalin, and strychnine should be continued. All diaphoretic mixtures which may have been prescribed should be omitted. Ammonium carbonate 4 grains, spirit of chloroform 5 minims, infusion of quassia to the ounce, may be given three times daily ten minutes before meals. If the resolution of the lung is satisfactory, the patient may, as a rule, be allowed to sit up in bed within a week of the crisis. When movement is permitted the effect on the pulse should be carefully watched. Any lasting increase of pulse-rate resulting from a change of posture shows that the effort has been too great, and the progress must be slower. When the patient is allowed to sit up gentle massage of the arms and legs should be prescribed. As soon as the patient is permitted to move about his room liquid extract of cinchona 5 minims, dilute nitric acid 8 minims, syrup of orange 20 minims, chloroform water to the ounce, may be given three times a day after meals. In all cases a change to some

bracing climate, to complete convalescence, is desirable.

If the resolution of the lung is delayed equal parts of the liniment and tincture of iodine may be applied over the affected part until it is sore. Gentle breathing exercises, together with gentle massage of the chest, may be prescribed. In addition, potassium iodide 5 grains, spirit of aromatic ammonia 15 minims, and water to the ounce, should be given every six hours. If these measures fail, the effect of vaccine therapy should be tried.

Surgical Treatment of Hematemesis.—Taylor, in The Dublin Journal of Medical Science, reports two cases of hematemesis.

The first case occurred in a woman fifty years old, with a history of stomach symptoms of six weeks' standing. The stomach was opened for a moderate hemorrhage because the surgeon stated he was convinced the recurrence of bleeding would be fatal. The stomach seemed normal in every respect. A three-inch incision was made to allow of an examination of its interior. It was only after the latter had been everted like a glove that three small ulcers were found extending from the mucous membrane into the submucous coat on the posterior wall, high up toward the esophageal end. In the center of the largest ulcer the open mouth of the artery from which the hemorrhage occurred was easily seen.

The second case gave a clear history of chronic gastric ulcer. On opening an indurated mass about the size of a hen's egg was found extending from the pylorus along the lesser curvature and upward toward the liver, to which it was adherent. Because of posterior adhesions the stomach could not be brought without the abdominal wound. The ulcer occupied the interior of an indurated mass and was filled with blood-clot. On sponging this out no vessel could be found from which the hemorrhage might have come. With two fingers of the left hand inside of the ulcer to act as a guide he passed a curved needle, armed with a stout catgut suture, through the entire thickness of the stomach walls to the left of the ulcer. The needle passed through from the anterior to the posterior wall and the ligature was tied in the lesser curvature. In a similar manner a ligature was passed and tied to the right of the ulcer, which was close to the pylorus. The patient vomited some blood subsequently, but thereafter made an uninterrupted recovery, a posterior gastroenterostomy having been performed.

He says that he has seen five cases of death due to hemorrhage from chronic ulceration of the stomach. In four of these he witnessed the post-mortem examination and saw the opening into the vessel from which the fatal hemorrhage took place. The writer says that he knows at least seven other cases that died from hemorrhage from gastric or duodenal ulcers within the past three or four years. In four of the five cases on which post-mortem examinations were made operation would have been attended with a fair prospect of success. He says that it may be some consolation to the medical man who sees a patient after one of these serious gastric hemorrhages, and who postpones operation in the hope that the hemorrhage will not recur, or delays for a more favorable opportunity, when the post-mortem examination shows that operation could have been of little or no service in arresting the bleeding.

On the other hand, if such an examination shows that the hemorrhage could have been arrested and the prospects of saving the patient's life thereby could have been greatly increased, the physician may rightly censure himself.

He suggests operation in every case of copious bleeding even after the first hemorrhage, where there is a clear history to be obtained of chronic gastric or duodenal ulceration. The writer also urges operation in any case of recurrent serious bleeding, especially if a seeond hemorrhage recur in a short time, in any one who gave a history of even a few weeks' severe indigestion.

On the other hand, one should never operate for hematemesis occurring in an anemic woman who has never had any direct evidences of gastric ulceration.

Chloral Hydrate as a Local Application.—Heller (Muncheuer medicinische Wochenschrift) mentions the value of chloral hydrate as a local application which possesses antiseptic and anesthetic properties and so relieves pain. In cases of lacunar tonsillitis he recommends that a spray of chloral in watery solution should be used for about twenty seconds to a minute three times a day. The strength employed is about two per cent. The writer finds it useful in treating diphtheria, Vincent's angina, and syphilitic ulceration. In nasal diphtheria when the secretion is profuse and purulent a solution of one per cent of chloral hydrate dissolved in normal saline solution has proved very useful in his hands as a nasal wash. So, too, a two-per-cent in spray is useful in ulcerative stomatitis. An additional advantage of this application is that it is not only antiseptic but deodorant.

Adenoids and Nocturnal Enuresis.—Leonard (British Journal of Children's Diseases) gives a brief resume of the conclusions reached in an earlier article on the same subject and then treats at length some of the more obscure signs of thyroid insufficiency which have been noted in the course of Williams's experiments in the treatment of enuresis by thyroid extract.

Adenoids and enuresis are associated only because they are due to an underlying cause, namely, thyroid insufficiency. Williams believes that some of the signs attributed to the blocking of the air passages by adenoids may be due rather to the cause of the adenoids.

The majority of the cases of enuresis observed had a subnormal temperature, which gradually became normal with the thyroid treatment and the cessation of the enuresis. The solitary case of complete failure of enuresis to respond to thyroid never had a subnormal temperature. Williams believes that a persistent subnormal temperature is a reliable sign of thyroid insufficiency. This condition is to be suspected when in the course of a febrile disease like measles or scarlet fever the temperature falls markedly short of the usual elevation.

The children in the present observation gained weight quite rapidly under thyroid. Williams's explanation for this as a sign of thyroid insufficiency is that without sufficient thyroid secretion to fix calcium salts, bone formation is defective, and the child fails to grow. The close observation of the weight of a child taking thyroid is an indication for continuing or discontinuing the drug. A persistent loss of weight shows an excess of thyroid in the system and is an indication for stopping the drug.

Gothic palate, regarded by most observers as a sign of adenoids and caused by their obstruction, was observed in all the cases of enuresis, while but half had adenoids, and the other half had unobstructed respiration. Williams believes that this is also due to thyroid insufficiency and lack of fixation of the calcium salts. Likewise, the very frequent caries, also observed in this series of children, is attributed to this cause. "The eyebrow sign" is mentioned. This consists of a rarefaction of the outer third of the eyebrow, believed by Leopold Levi and H. de Rothschild to be a sign of thyroid insufficiency.

Williams has met with very few signs of intolerance in administering thyroid to children, among the most frequent being catarrh of the nasal passages and tachycardia. A rise in temperature to normal is a sign for caution in administration, and a rise beyond normal a sign for suspension of the drug.

Ichthyosis Follicularis.—MacLeod (British Journal of Dermatology) presents "Three Cases of Ichthyosis Follicularis Associated with Baldness."

He states that the subject is a difficult one and that the difficulties have been much increased by the confusion which now exists with regard to the nomenclature connected with it. It is in connection with this latter confusion in particular that the article is here reviewed. The subject is most admirably presented and offers a most thorough study of the condition. However, the number of cases seen by specialists are comparatively very rare, while those presenting themselves to the general practitioner can be practically overlooked.

Briefly, the condition is an ichthyosis in which the follicles are chiefly involved, but in which ichthyocotic patches are present in such other parts of the body as mild ichthyosis is ordinarily found. The baldness may be practically complete and involve the eyebrows and the eyelashes.

He presents the histopathology as worked out by himself. We append the summary of the doctor's article because it presents so forcibly the wilderness as regards nomenclature, into which the students of dermatologic conditions may early find themselves.

SUMMARY.

(1) A consideration of the history, clinical features, and histopathology of our cases went to show that they belonged to the category of ichthyosis, and indicated the name "ichthyosis follicularis" as being the most appropriete.

(2) That while presenting many features in common with keratosis pilaris of Brocq (keratosis suprafollicularis of Unna), they differed from that affection in being non-inflammatory in origin.

Rupture of an Incarcerated Retroverted Gravid Uterus—Recovery.—Campbell (Jour. of Obst. and Gyn. of Brit. Emp.) relates the case of a primigravida, 22 years of age, who consulted her physician at midterm for retention of urine. The bladder was evacuated and the uterus found completely retroverted and irreplaceable. A fortnight later retention of urine recurred and the uterus was still found fixed. The patient was not seen again until 15 hours after the onset of labor. Pain was complained of in, and there was tenderness over, the lower abdomen; there was some external hemorrhage, pulse 100. On examination no presenting part could be felt, and the outline of the os could not be made out. The author saw her two hours later. The patient was put under anesthesia in the cross-bed position, the vulva washed, and the vagina douched with a 1:2000 sublimate

solution. On inserting the hand into the vagina a large opening was found which led into the abdominal cavity, the hand passing between the posterior lip of the cervix behind and the bladder in front. No remains of the anterior lip could be felt. The finger could be passed over the posterior lip and downward into the contracted uterus, which lay completely retroverted in Douglas's pouch. On passing the hand above the pelvic brim, the fetus with the membranes enclosing it was found lying free in the peritoneal cavity. The membranes were ruptured and the fetus easily extracted; the placenta and membranes being subsequently removed by hand easily. The coils of small intestine tending to prolapse into the vagina, a number of strips of sterilized gauze were packed into the opening so as to protrude well into the peritoneal cavity above, and to fill the vagina. Finally, a pad of sterilized gauze and cotton wool was applied to the vulva. In four days the gauze drain was removed, and the vagina packed with iodoform gauze. The patient was nursed in Fowler's position. The progress was favorable throughout. The forenoon temperature never exceeded 100° F., and the pulse rate did not rise above 80. She felt well, ate well, and slept well. In commenting on this case, the author remarks that rupture of the uterus from retroversion is exceedingly rare, and that rupture took place with intact membranes is peculiar. Fortunately, there was practically no hemorrhage from the laceration, and thus the treatment adopted—removal of the ovum and stuffing the rent with gauze. The exact direction of the laceration could not be determined, but the body of the uterus was intact, empty, and well contracted.

Antimeningococcus-Serum-Therapy.—Grysez (La Presse Medicale) says that in patients presenting the symptoms of cerebrospinal meningitis, an injection with antimeningococcus serum is indicated, and should never be omitted, even before any bacteriological examination has been carried out. If the diagnosis is confirmed by the bacteriological findings, the injection should be repeated on the next following day, and again on the third day this treatment to be supplemented by prolonged warm baths. The bacteriological diagnosis of cerebrospinal meningitis is based upon the following findings: (1) Polynuclear cells, in the cerebrospinal fluid; rarely, mononuclear cells are present. (2) Small diplococci; gram-negative and analogous to the gonococcus, appearing in the leucocytes and in the fluid. (3) Meningococci, developing in the culture-medium. (4) Uniform turbidity of the fluid, after centrifugalization; Vincent and Belot's precipitoreaction.

Paraganglin in Hysterical Meteorism—Gazzeti (Rassegna di Bacterio-Opo-Sieroterapia dell' Istituto Cieroterapico Milanese) mentions a case of hysterical meteorism, which has proved rebellious against all sorts of remedies. A remarkably rapid effect was obtained by means of an enema to which had been added thirty drops of paraganglin. The vasoconstrictor effect of adrenalin is generally admitted and utilized, but a number of Italian clinicians have confirmed the fact that paraganglin Vassale possesses a specific tonic action upon smooth muscle-fibre. This remedy, which is prepared from the medullary substance of the suprarenal gland, is claimed to regulate the bio chemical processes of the metabolism in the unstriped muscle-fibre of the blood-vessels, the bowel, the urinary bladder, and the uterus. Hence it is found to be efficient in cases of rectal prolapse, vesical paralysis, lead-colic, and in the vomiting of pregnancy.

Bordet's Whooping-cough Bacillus.—Seiffert (Munch. Med. Woch.) has experimented on the action of the bacillus of whooping-cough discovered by Bordet. Sixteen specimens of sputum from cases of pertussis were tested. Of these, in 12 the bacillus was found in pure culture. Four cases were negative, of which 2 were in elderly women who had the disease some time before, and 2 were children. All the positive sputa came from sick children. Each specimen was cultivated and tested by agglutination with immune horse serum produced by Bordet. Agglutination was strongly evident in a dilution of 1:1,000. Six sera gave marked agglutination at 1:16, slight at 1:32. Two failed to agglutinate at all. Influenza bacilli were not agglutinated by pertussis serum. This bacillus disappears with the disappearance of the disease.

Importance of Bronchoscopy in Internal Medicine.—Ephraim (Berlin. Klin. Woch.) sdvises that from his experience with ninety-five cases, examination by bronchoscope has an established value in solving puzzling conditions coming under the care of the internist.

Hemoptysis was found in some of his cases to be due to a varix in the trachea and local treatment thus permitted resulted in cure.

A syphilitic tumor was found in one case to be the cause of a peculiar cough.

Anesthesia is not required except in children.

X-Ray Treatment of Scalp.—McCleod in The London Medical Lancet, discusses the treatment of ringworm of the scalp by means of the X-ray. The writer believes that with the single-dosage method it is safe and harmless; that severe dermatitis followed by permanent baldness is due to overexposure or accident, for which there is no excuse. The author has been unable to find any definite evidence of injury to the brain by this method of treatment from his own cases or from the literature on the subject.

Meningitis Secondary to Sphenoidal Sinus Disease.—Roughton (The Clinical Journal, London,) calls attention to the fact that, while meningitis secondary to ear disease is well known, meningitis secondary to sphenoidal sinus disease is seldom thought of, and cases of meningitis not of otitic origin are regarded as "idiopathic."

In making post-mortem examination the nasal sinuses are often neglected and he thinks that pus would be found more frequently in the nasal sinuses if it were looked for. The writer reports Fraenkel and others finding pus in the nasal sinuses in thirty per cent. of all subjects coming to autopsy.

Poultices in the Treatment of Acute Bronchitis.—Carr, in The Folia Therapeutica, mentions the value of external applications, and particularly of counterirritants, in the early stage of acute bronchitis, which, he remarks, is perhaps hardly sufficiently appreciated at the present day. The old-fashioned poultice, especially has been largely discarded, but the writer thinks few remedies have a more definitely beneficial effect when rightly used. The author has but little belief in the more or less continuous application of linseed poultices, or of simple hot fomentations; what, he says, is wanted is definite, sharp, counterirritation by mustard, diluted more or less with linseed, according to the age of the patient and the susceptibility of his skin. The writer says that Dr. Head's demonstration of the close connection between the cutaneous nerves and those supplying the subjacent viscera goes a long way towards affording a rational basis for what was formerly the largely empirical use of counterirritants. When the bronchitis affects mainly the trachea and larger bronchi, with a sense of tightness behind the sternum and an incessant tickling cough, the poultice should be applied over the top of the chest in front. When the disease has attacked the smaller tubes a large poultice should be placed across the bases of the lungs behind. For adults, equal parts of linseed and mustard may be used, sometimes an even larger proportion of the latter. The author has often seen pure mustard applied with advantage, a layer of mustard being placed next to the skin. However, children have more sensitive skins, and for them only one fourth part of mustard should be used. The poultice should be left on until the skin is markedly reddened; any subsequent irritation may be relieved by smearing it with a little oil or petrolatum. In the case of young, and especially of feeble and rickety infants, it is important not in any way further to embarrass the breathing by the weight of the poultice on the front of the chest; let the child lie on the poultice and not the poultice on the child.

Oil of turpentine may sometimes be substituted for mustard as a counterirritant. The best way is to prepare a hot fomentation with flannel or spongiopiline, to sprinkle upon this from a half to one teaspoonful of the oil, and then to give the flannel a final wring before placing it upon the chest, so as to secure a uniform diffusion of the turpentine. Its action, however, is somewhat uncertain, and unless considerable watchfulness is exercised blistering is apt to occur. It is in the early stage of the disease that these external applications are particularly useful—when the mucous membrane is swollen and congested, with much oppression, dyspnœa, and but little expectoration. Later on, when secretion is being poured out freely into tubes, counterirritation is not likely to do much good.

Acute Dermatitis Due to Bichromate of Potassium.—White, in The London Medical Lancet, reports two cases. Case 1 was that of a dyer of 57 years who after four or five weeks at his employment began to have a roughness of the arms and swelling of the hands, the backs of which were itchy, but not severely so, he had no pain. The oftener he worked in the dye house the more severe were his symptoms. At the end of the seventh week an inflammatory rash spread all over his face, and he applied for treatment. On the backs of his hands, forearms, and arms as high as the rolled-up sleeves, the front of his chest where his shirt was opened under his chin, round the throat and over the whole of the face, and on the ears was a bright red, diffuse, erythematous rash, peeling in places in yellow flakes. The initial lesion appeared to be a scaly papule with a red spreading arcola. At the inner side of both elbows the inflammation was intense, and moisture was freely exuding from beneath the thin, scaly crusts. Case 2 was a fellow workman of 30 years, whose rash did not appear for three months. He never used gloves and lifted the material out of the dye vat with

bare hands. In general, his condition was like that of the other man, but his palms were very moist, while those of the other man were horny, thick, and dry, and around their periphery were deep cracks and fissures. The cessation of the use of chrome used in their work and simple soothing treatment led to perfect recovery in a few weeks. He gives a description of the mens' work. One and a half pounds of bichromate of potash are dissolved in 200 gallons of water, and the goods are boiled in this solution one hour. It was from work with this solution that the dermatitis was contracted. In both these cases the subjective symptoms complained of were very slight; chrome sores are well known to be painless. These men had only symptoms of slight irritation. As a rule, this salt in solution is said not to attack unbroken skin, but if associated with heat and moisture the preparation is much more active. Many exposed to it in this form are especially liable to irritation of the nasal septum, which fact is said to be due to a deficiency in blood supply. Certain rules are laid down which should be enforced in the conduct of workmen employed in institutions in which chromium salts are used. The employment of some form of grease on the skin is said to be helpful in preventing this form of dermatitis. Any instrument used to lift material out of such solutions should have a flange to prevent its running down on the hands. Each workman who comes in contact with the dust of chromium or with its solutions ought to wash all exposed parts freely, and among others, the orifices of the nose with a reducing agent such as weak bisulphide of soda.

Ablation of the Thymus.—Veau and Oliver (Annales de Medicine et Chirurgie Infantiles) reports two cases. The first was an infant of 13 months, born normally and of healthy parentage. Occasionally she had attacks of coryza, but never presented disturbances of the voice or of respiration. At the age of one month, there was a sudden attack of respiratory stridor associated with cyanosis; when the mother placed the child in the vertical position, the attack passed off. Subsequently there were three similar attacks. In the attack that the authors saw, there was profound inspiratory dyspnea, but no cyanosis; the voice was feeble, but not roughened. Percussion revealed dulness over the manubrim sterni. The pharnax was negative. There were no signs of rickets. During this attack there were occasional crises of suffocation. At operation, two days later, the tissues were incised down to the level of the thymus. The latter completely disappeared during inspiration, to balloon out in expirtion. The capsule was incised and the upper pole grasped. It tore off from the remainder of the gland; no bleeding followed. The part of the thymus that tore loose was the size of a small nut. The immediate operative result was remarkable. The child breathed normally and took its nourishment well. The subsequent course of the case was a perfectly normal. This patient was operated upon without a definite diagnosis; no cause for the attacks of suffocative dyspnea, other than a possible thymus enlargement, could be found.

The result in the second case was much less encouraging. At the age of two months, stridor first appeared. It became more marked and permanent, being exaggerated during sleep. When 11 months old, the child came under the authors' observation. Inspiration is rough, loud and prolonged; expiration is quiet; there is no cyanosis. When the child cries, the stridor is more marked; in sleep, its intensity is diminished. The results of percussion are questionable. Palpation is negative. At operation, the thymus was exposed through a median incision, its capsule was incised, and the organ was grasped. It pulled out of its capsule with the greatest of ease, The left lobe was delivered, tied off (although no vessels were visible) and removed. A large part of the right lobe was removed in the same way. Weights: left lobe, 2 gr., 70; part of right lobe, 1 gr., 85. The postoperative course smooth. The functional result was nil.

From theoretical considerations and from the study of these two cases and others in the literature, the writers arrive at these conclusions: A clinical method must be found by which stridor due to enlarged thymus and that of purely laryngeal origin shall be defferentiated. Operation should not be performed for stridor associated with the physical signs of an enlarged thymus. Operation should be performed when stridor coexists with attacks of asphyxia.

W. B. Saunders Company, the medical publishers of Philadelphia and London, have just issued a new edition—the thirteenth—of their handsome Illustrated Catalogue. It contains some twenty new books and new editions, and besides numerous black-and-white illustrations, there are two color cuts of special value. We strongly advise every physician to obtain a copy—sent for the asking. It will prove a ready guide to good medical books—books that we all need in our daily work.

Miscellaneous.

Aneurism.

In cases of thoracic aneurism, delay or increased retardation of one of the radial pulses occur. The same delay may or may not be present in the case of the corresponding carotid pulse. If the idea, based on experimental physics, be correct, that delay of the pulse-wave is only produced as the result of the wave passing through the aneurism, then the phenomenon of delay should be of most important diagnostic aid in the localizalition of the aneurism. Digital examination is not a reliable test of the presence or absence of delay. The finger may miss the delay when present, and may diagnose it when absent. A more delicate instrument, such as the clinical polygraph, is necessary.—Findlay, in The London Practitioner.

Chronic Ulcer of the Leg.

When a traumatic ulcer will not heal, there is some such factor as sepsis behind it, or perhaps the unfavorable influence of varicose veins. The writer believes that 90 per cent. of these sluggish ulcers are due to syphilis. The crenation of the margin is another feature of these specific sores. In such cases the amount of alcohol consumed should be reduced to the lowest possible limit. Mercury and iodids should not be given internally together. Organic iodids should be preferred to the metallic. They should be well diluted and may be alternated with courses of strychnin particularly when, after a period of improvement, the ulcer becomes sluggish. If the two remedies, mercury and the iodids, be given together, the red iodin may occur in the system and much pain will be felt in the ulcer. For a general antiseptic application the author advises a dram of boroglycerid in a half pint of hot water. Locally, mercurials may be used in the form of the black or yellow wash, or solutions of carbolic, 1 to 100, or even iodin tincture, diluted one to 4 or 5 of hot water, may be used. For ointments the ammoniated mercury or the yellow oxid are preferable. If the dry treatment be preferred three drams of zinc oxid and half a dram of calomel may be mixed with enough "*kieselguhr*" to make an ounce. X-rays have benefited some cases. There are some ulcers which resist cure even when given a long rest. This is probably due to the tethering of the ulcer edge to the underlying bone. To free these edges, fomentations should first be used to reduce the septic complications of the ulcer; then the whole of the ulcerated surface should be scraped with a Volkmann's sharp spoon and the whole of the edge undercut with a scalpel. The edges may then be drawn together and if at the same time the margin of the skin is freshened, a very thin border being cut off, the healing process will probably start afresh and the granulation will be rapid and sure.—Evans, in The London Lancet.

Dystocia Due to the Cord.

Bertier says that the umbilical cord can be the cause of delayed labor on account of its anatomical structure, being too short or too long. A short cord may be so short as to constitute a true adhesion of the fetus to the placenta, in which case the two must be delivered together. A marginal insertion of the cord to fetus or placenta. A short cord cannot be diagnosed before labor; often it is only discovered to exist after delivery. The patient complains of a fixed pain situated at the upper lateral portion of the uterus. The contractions are short and irregular. Labor is long, dilatation bad, and pain severe. When the placenta is separated hemorrhage is severe. Uterine inversion may even be produced by traction of the fetus on the cord. The cord may be ruptured during the descent of the fetus. Short cord favors the deflexion of the head and shoulder, or breach presentation. Another form of defect is constituted by the winding of the cord about the fetus. This may cause intrauterine amputations, or strangulation of the fetus. Forceps operations are often necessitated to deliver the child. The fetus will often compress the cord during its descent. Before labor loose loops of cord are most dangerous, but after labor has begun tight ones are most to be feared. Pressure on the vessels of the cord causes stasis of circulation or anemia of the bulbs and cerebral centers. A third complication is procidentia of the cord, resulting in pressure on it by the fetus. The most important etiological factors are narrowing of the pelvis and low insertion of the placenta. Pinard includes both under failure of accommodation of the labor by pelvis. As to treatment, it seems to be of little use to try replace the cord, since it is almost impossible to keep it in place and to dilate at the same time. According to some, when the cord is irreducible, whatever the amount of disproportion between fetus and pelvis, a cesarean section should be done at once. When it is reducible, but the pelvis is contracted, a cesarean done early is to be preferred to a late symphyseotomy.—Gazette des Hopitaux.

Contagion and Semiology of Scarlatina.

Lesage makes a very forcible and convincing plea for the contagiousness of scarlatina during desquamation. He bases his diagnosis of scarlatina on the evolutive cycle of the tongue and throat. Here we have a cycle which goes on for about fifteen days. Here we have a cycle which goes on for about fifteen days. First redness, then white pultaceous covering, then strawberry tongue and red throat, then clearing up of both. Here we have a cultural cycle. After it is finished we have no longer contagion. Desquamation is a mere serum phenomenon resulting from a toxic eruption, and the scales are not contagious. Children inoculated by hypodermic with mucus from the throat all took the disease, while those inoculated with the scales did not. There are many cases of scarlatina without eruption, and these are just as virulent as those in which the symptom is present. Diagnosis based on an adventitious circumstance is incorrect, and this is the cause of the spread of the disease. The diagnosis should be based on the condition of the mouth and throat alone. Quarantine should end with the end of the throat and tongue cycle. Exclusion from school should be based on the condition of the throat and tongue, not of the skin.—Gazette des Hopitaux.

Congenital Stricture of the Urethra.

Gallois says that congenital stricture of the urethra is rare. It is due to the fact that the urethra is developed in three separate portions derived from different structures; the posterior urethra is developed from the cloaca, the middle portion from the urogenital sinus, the anterior portion from the balanic layer. If these portions do not adhere perfectly or the lumen is not entirely hollowed out there is an opportunity for the development of stricture. The lesion found automatically is a subepithelial sclerosis, there being no changes in the mucosa. The stricture may appear acutely, or be preceded by a period of imperfect urination, frequent, with small stream, and slow. This is followed by acute retention or incontinence. The sound shows the existence of a stricture.—Le Nord Medical.

Appendix Dyspepsia.

Moynihan reaches the following conclusions: (1) The symptoms of both gastric and duodenal ulcer, especially the former, may be exhibited with great fidelity in cases in which no structural lesion can be found in any parts. (2) In many cases of gastric ulcer, in which the symptoms, pain, vomiting, and hematemesis, are present, and in many cases of intractable dyspepsia of a capricious kind, the only pathological change discoverable during operation is a chronic inflammation of the appendix. (3) Removal of the inflamed and obstructed appendix is generally followed by instant and complete relief of all former dyspepsia. The cessation of symptoms, however, may come only by degrees and with the lapse of many weeks. (4) No operation for supposed gastric or duodenal ulcer is complete until an examination has been made of the appendix, small intestine, and mesenteric glands, that is, of the midgut. (5) If, in such an operation no lesion can be found in the stomach or duodenum, it is not permissible to perform any operation as gastroenterostomy. This operation has results not surpassed by any other when performed in properly selected cases. It is worse than useless in chronic appendicitis. (6) The mimicry of the symptoms of gastric ulcer in these cases is due to an exaggerated action of the pylorus. This tumult of contractile activity can be recognized when the stomach is inspected. (7) Investigation is necessary to ascertain the frequency with which the mucous erosion of the stomach (the "acute" or "medical" ulcer) is dependent on a primary lesion in the appendix or intestine.—Munchener medizinische Wochenschrift.

Surgical Operation on the Hypophysis in a Case of Acromegaly.

Lecene describes an operation for a tumor of the hypophysis performed for the relief of acromegaly by the transphenoidal route. The patient was a typical case of acromegaly, with partial blindness and epileptic crises. A tumor of the hypophysis was diagnosticated and operation was done by opening the nose, passing through ethmoidal and sphenoidal cells into the sella turcica, and the removal of a considerable amount of tissue from the hypophysis. The patient lived some six weeks after the operation, the external wounds entirely healed, but he died suddenly. An examination of the skull and brain after death showed that the tumor of the hypophysis was an epithelioma with several prolongations into other parts of the skull and around the cavernous sinus. It was entirely unencapsulated, and could not have been removed by the route taken or any other. The author believes that it is not room enough to reach the region of the sella turcia, and it is impossible to see and to tell what the operator is doing; it is surgery in the dark, and therefore unsurgical. There is also the danger of infection by way of the nasal fossæ which communicate with the wound. The author does not believe in the theory which makes

acromegaly the result of increase of function of the pituitary gland. It is more likely to be from insufficient function of that gland in cases of tumor taking place of the place of the gland. The idea of removing a portion of an ademona of the hypophysis to remedy an excess of function of the gland is based on small and fragile hypothetical considerations. It is experimentation upon the living. It is impossible to know the limits of the tumor.—La Presse Medicale.

Adrenalin in the Treatment of General Peritonitis.

Heineke, in an abstract of a paper read at the thirty-eighth Congress of the German Surgical Society, throws much doubt on the conclusions of Heidenhain on the high value of intravenous injections of adrenalin in the treatment of the collapse due to acute general peritonitis. The assertion that adrenalin thus administered is capable of doing good service in such cases is in contradiction, it is held, with the results of physiological research, which show that in a subject under normal conditions this agent fails to establish beyond a very brief period any increase of the blood-pressure. In his own surgical experience Heineke has met with a similar result, as in most of the cases of acute peritonitis in which he injected a solution of adrenalin he observed but a very transient increase of pressure. The collapse was usually fatal, and in the exceptional cases of recovery the good result was due, he believes, to the associated use of salt solution. By the results of a recent course of experiments on animals with simple solutions of adrenalin and mixed solutions of this substance and common salt, Heineke has been convinced that the benefit occasionally obtained from the injection treatment of acute and general peritonitis with intense collapse is entirely due to the action of the salt solution. While in accord with most surgeons as to the great efficacy of salt solution in cases of collapse, he points out that such treatment is not constant in giving good results, and that now and then it fails altogether. In suggesting an explanation of these contradictory results, the author states that salt solution acts most surely and effectually in those cases in which it serves as a substitute for any large loss of fluid derived from the blood by excessive vomiting and abundant effusion into the peritoneal cavity. The addition, however, of adrenalin to salt solution in cases of intense collapse is not to be regarded as quite futile. A temporary increase of the blood pressure may, it is pointed out, enable the patient to survive a very critical moment, and for this reason adrenalin injections, though useless in the deep and persisting collapse of peritonitis, are indicated in cases of severe operation and accidental injury or mishaps from general and lumbar anæsthesia, and probably in some forms of poisoning and acute infection.—Centralbl. f. Chir.

Rheumatic Heart Disease in Children.

Rheumatism is considered by the writer next in importance to tuberculosis among the diseases of early life. The following are the evidences upon which he chiefly relies in forming an opinion in these cases: (1) The presence of subcutaneous nodules. These, according to the author, nearly always indicate the existence of active heart disease, especially recurrent and relapsing cases. (2) Evening fever. This, without previous cause, excites a suspicion of possible fresh heart inflammation. (3) Joint pains, however slight and transient, always indicate the need for most careful observation of the heart. (4) Any sudden development of, or increase in, anæmia is a very suspicious sign of heart trouble. (5) Excessive and persistent rapidity of the pulse. In pericarditis he has never found it necessary to use surgical measures or to tap.—Carr, in The London Practioner.

Hot Mud Bandages and Compresses in Chronic Exudative Adnexal Inflammations and Pelvic Exudates.

Cukor advocates the use of hot mud compresses over the abdomen in exudative inflammations of the pelvis and adnexa. The mud is heated much more slowly than water, and cools much less quickly. The heat is much better borne by the patient than in hot water applications, and about 10 degrees greater heat can be applied in this way. The mud used is the result of the decay of plants for thousands of years, and is a non-conductor of heat. If the surface be covered with woolen cloths, the heat will be retained for several hours. The effects of the application are hyperæmia, dilatation of the pelvic blood vessels, and on account of the weight of the mud pressing out the blood from the vessels, and the transudation of leucocytes and phagocytes, the removal of exudative material. The treatment is contraindicated in acute cases with fever and pus formation. The applications may be made conveniently by the patient at her own home while lying down. The greater temperature that can be applied and less perspiration caused, make this treatment superior to hot air applications.—Gyn. Rundschau.

Modifications of the Peripheral Sensibility to Pain During Pregnancy; a New Apparatus for the Study of Sensibility.

Giovanni Pandolfi describes a new apparatus constructed by him for the accurate testing of sensibility to touch and pain and its application to testing the pain sense in pregnant women. The apparatus consists of a steel point so attached to an ordinary microscope tube that the sensibility may be estimated in turns of the focusing screw. To do away with the factor of suggestion he covers the eyes of the patient. He tested this method in thirty pregnant and sixteen unpregnant women, with the result that he found sensibility to pain to be much decreased in pregnancy. This accounts for the endurance of the puerperal and pregnant woman of operative procedures of some severity without much complaint. He believes that sensibility to pain is much diminished during the pregnant state.—Annuli di Ostetricia e Ginecologia.

Fracture of the Spine, with Hemorrhage into the Cauda Equina, Causing Paralysis—Recovery.

A young man, aged 22 years, was admitted into Ward 6 on the 5th. of December, 1908, suffering from an injury to his back caused by a fall from a height of 25 feet an hour or two previously. He was in a state of profound shock, and was paralyzed from the hips downwards. The right lower limb was wholly paralyzed, both as regards sensation and motion, but the left could be slightly moved voluntarily, and anæsthesia was not complete. A marked prominence was found at the level of the 1st and 2nd lumbar vertebræ, and in addition there were slight injuries to the head and a right Colles's fracture. There was retention of urine, and catheterisation was needed.

6th December—Motor power completely lost in leg, but some sensation present. The right leg can be slightly moved, but anæsthesia complete.

8th December—Retention continued, and pus present in the urine.

20th December—Retention continued, and now incontinence of fæces. A left pleurisy has developed. Wasting of both legs and weakness of all movements is observable. Tactile anæsthesia, corresponding to the distribution of the 5th lumbar to 5th sacral roots inclusive, is revealed in the right limb, but sensation of left limb is unimpaired.

Dr. Edwin Bramwell reported on this date that "the diagnosis lay between injury to the cauda equina, an associated lesion of the conus, hæmorrhage into the cord or both."

13th January, 1909—Patient admitted into the Longmore Hospital, and on this date he micturated voluntarily, and no longer had incontinuance of faces. The legs were markedly atrophied, but all movements were possible, and the sensory loss in the right leg was disappearing.

20th January—Dr. Bramwell now reported that "the rapid improvement in the power of the legs and of the sphincter trouble make it practically certain that the effects of the injury have been limited to the cauda. The symptoms must have been due, for the same reason, to pressure from hæmorrhage, or exudation, or to bruising, and I believe that in time there should be almost complete recovery." This opinion proved to be correct, as in July the patient could walk well about the ward in a go-cart, and was dismissed on the 11th September, 1909, able to walk about quite freely with the aid of a stick.—David Wallace, C.M.G., F.R.C.S., Surgeon, The Royal Infirmary, in The Royal Infirmary, Edinburg Medical Journal.

Symptomatic or Complicating Anemia

is that form or condition of blood poverty which results from various constitutional infections and diatheses. Prominent among such causes are, Syphilis, Rheumatism, Paludal Poisoning, Tuberculosis, Carcinoma, etc. In many instances, such an anemia is due to some obscure, latent metabolic perversion, or a slow but persistent intestinal auto-intoxication of gastro-intestinal origin. While it is an axiomatic principle that successful therapy depends upon the removal of the causative factor, it is more than often wise and eminently judicious to adopt direct hematinic treatment while the underlying cause is being sought for and combated. Pepto-Mangan (Gude) being bland, non-irritant and readily tolerable, can almost always be given, with distinct advantage to appetite, digestion, nutrition and general well-being, while causative therapy is under way. Neither constipation nor digestive disturbance results from its steady use, and a general hematic gain is practically a certainty, if its use is persisted in.

Hemo-Coco, a Food-Medicine.

Hemo-Coco is a scientific combination, in their most assimilable form, of iron and albumen (combined as hemoglobin), fat, and carbohydrates, with a small percentage of extractions, and sodium chloride, the whole being made palatable by the addition of cocoa.

Combining as it does an assimilable meleo-albumen with high iron percentage, Hemo-Coco is an ideal reconstructive tonic

and hematinic, wherever there is an impoverished condition of the blood. Hemo-Coco is prepared in the same manner as chocolate or cocoa, and it makes a palatable and refreshing beverage, acceptable to the most delicate patient. The advantages of administering a meeleo-albumen food and a hematinic tonic in the form of a pleasant beverage are so definite that Hemo-Coco should meet with the ready appreciation of the profession.

Sample and descriptive literature will be supplied by the Cystogen Chem. Co., 515 Olive St., St. Louis, or H. Kaufholz; Kassel, Germany.

The Remedial Value of Iron

Amid all the doubt that modern skepticism and therapeutic nihilism have aroused in the professional mind, in regard to the medicinal or drug treatment of disease, we have yet to hear any question as to the distinct value of iron in anemic, chlorotic and generally devitalized conditions. This metal is, indeed, the physician's mainstay in such cases, and cannot successfully be omitted or replaced. There does exist, however, considerable difference of opinion as to method of administering iron and as to the most generally eligible preparation of same. The tincture of the olden times, prepared from iron filings, has in these later days, been superseded by the less irritant and more tolerable preparations introduced into modern pharmacy. Among such products none has seemed to be so generally acceptable and promptly assimilable as the organo-plastic form represented by Pepto-Mangan (Gude). The ferruginous element in this preparation exists as a true peptonate, in combination with organic maganese, iron's side-partner in reconstructive blood therapy. It is palatable, readily tolerable, quickly absorbable and assimilable and entirely free from irritant or constipating effect. Pepto-Mangum (Gude) rapidly restores vigor to the circulating fluid and because blandness and ready tolerability is especially valuable in pediatric practice.

The Satisfaction of Successful Therapy.

There is always a great and lasting satisfaction to be derived from administering a remedy and obtaining the result desired and expected. Aside from the therapeutic and more or less material benefits, the gain in medical confidence from standpoints of both practitioner and patient, is always considerable. Few remedies have given rise so consistently to the satisfaction of therapeutic dependability as Gray's Glycerine Tonic Comp. For a good many years thousands of physicians have been using this reliable tonic, with confidence born of almost invariable success, and to say that medicine and medical practice have been benefited and strengthened thereby is not only to state the truth, but to give deserved credit to a worthy product.

The Significance of Leucorrhoea.

The neglect of leucorrhoea is a grave and unfortunately a common error, that is unpardonable because it involves the health, happiness and often the life of the patient. The character and source of a vaginal discharge should always be investigated by the physician who encounters it and the patient should never be dismissed with a prescription for a vaginal wash to be used unintelligently and indifferently because the true significance of the discharge is not appreciated.

Education of patients to the appreciation of the possible significance of leucorrhoea in *childhood before puberty; in young women before marriage; in married women, and in women past the menopause is particularly* insisted upon.

The danger to women in after life of disregarding or neglecting a vulvo-vaginitis of childhood that may be derived from infection of a serious character is forcibly emphasized, as is also the necessity of investigating the leucorrhoea of young girls after puberty and before marriage. These latter are the cases most often neglected because of false modesty on the part of both mother and daughter, shared only too often by the physician. It too often happens that the unsuspecting mother and physician permit neglect of a vulvo vaginitis of gonorrhoeal origin because a proper examination is not insisted upon.

The leucorrhoea of recently married women, as is pointed out, is often the result of infection from the husband who has a gleet or chronic prostatitis at the time of marriage and if it is neglected may lead to serious consequences. It is unfortunate that leucorrhoea of married women is so often regarded only as a necessary inconvenience. Its possible character and the probable outcome if disregarded should be impressed upon every woman.

The danger to the young wife is so great that special examination of the prospective husband who has once had gonorrhoea should always be insisted upon before marriage is consented to.

Vaginal discharge in women past the menopause is often disregarded because of the popular belief that women at this period of life are exempt from disease of the generative apparatus.

The most frequent causes of vaginal discharge at this period are senile endometritis

and cancer of the uterus. Both of these conditions are important; senile endometritis because it leads to constant ill health or chronic invalidism and premature aging; and cancer because it endangers the life of the patient. *Hence at no period of a woman's life is investigation of a vaginal discharge more important than after the menopause.*

It is unfortunate that the term leucorrhoea is so indiscriminately used to designate any and all forms of discharge from the female genitalia. It is so frequently given as a symptom by the patient who consults the physician that it has come to be regarded as natural, and its actual character is seldom noted.—Augustin H. Goelet, M. D., New York.

Diabetes Mellitus.

The author reviewing up to date the physiological and chemical experiments in Diabetes Mellitus and the anatomical relationship of the sympathetic nervous system, sums up by saying:

From the aforesaid (a short review of the physiological and chemical deduction and the anatomical resume of the sympathetic) we know that glycosuria following the hyperæmia of the surrounding vessels of the liver is induced either (1) by injury or irritation of some nerve of the cerebro-spinal system that stands in direct or indirect communication with the sympathetic system; or (2) by injury or irritation of the filaments or ganglia of the sympathetic system direct.

From this standpoint he then reasons, that if we can relieve the hyperæmia so induced we will restore the physiological balance and correct the function of that part of the nervous system which induced the hyperæmia

He then claims that from all therapeutic measures used by him in Diabetes Mellitus within the last quarter of a century of private practice he found the high potential and high frequency currents the most allot and valuable, following this treatment for the last six years with good results in a large number of cases.

He finds that pathological changes under this treatment take place so rapidly that it is often astonishing to both patient and healer.

For the last six years he abolished the carbohydrate-free diet theory and prefers for his patients a good nutritive mixed diet with instructions to masticate the food thoroughly and to partake rather six small meals than two or three big ones.

He reports that out of 144, only 82 cases without any results and this, he claims is more due to negligence and lack of attendance on the part of the patients. And even these 62 cases, almost all of them having been treated for a short period from three weeks to three months, have benefited, showing a diminution in percentage of sugar, decided relief in polyuria, excessive thirst and hunger.

He also presents a test for the seat of the irritating cause, which he calls the "Spinal Test" based upon the reflex action of the sympathetic and animal nerves. He describes the application of same, and cites three cases showing the results. He admits that the test is not up to perfection and needs improvement, but it of great value to clear up some obscure diagnosis in nervous diseases.

He finally cites more cases and concludes by saying:

"Diabetes Mellitus should be placed on the list of curable diseases.

"The other complications such as nervous, pulmonary, thoracic, digestive and genito-urinary should be treated secondary to Diabetes.

"Never use the knife in Diabetes Mellitus.

"Electricity is Nature's own remedy in Diabetes Mellitus; the sooner applied, the quicker the result. But, and this I must emphasize: the one who applies it *must* be one who thoroughly understands its potentiality and its modality."—Abstract of paper entitled, "Diabetes Mellitus—Sympathetic Neuroses, rationally treated with Electricity," read by J. Monroe Lieberman, M. D., before the Tri-State Medical Association at a meeting held at Richmond, Va., on the 15th, 16th and 17th of February, 1910.

A Colour Reaction in Serum of Syphilitics.—Schurmann (Deut. Med. Woch.) describes a colour reaction between a reagent containing phenol and perchloride or iron and the serum of syphilitic patients which he regards as specific and reliable for diagnostic purposes. The writer considered that as an extract with which he was working and which contained lactic acid, gave a positive Wassermann test, this acid might play an important part in the reaction. The author therefore tried Uffelmann's reagent for lactic acid, but did not obtain satisfactory results. Following the suggestion of Nerking, he therefore utilized an oxiding substance, and found that he obtained workable results. The reaction is carried out as follows: O. I. of serum is diluted with physiological saline fluid to three or four c. cm. and one drop of Merck's perdydrol is added. Mixture is then well shaken and O. 5 c. cm. of the reagent is then added. The reagent contains O. 5 gram of phenol,

O. 62 gram of perchloride of iron, and 34.5 grams of distilled water. It should be prepared fresh for each test. The reagent is bluish violet in colour. When brought into contact with normal serum, a slight green colouring of the upper layers is caused. On shaking, the colour either pervades the whole fluid or disappears, but in either case the fluid remains quite clear. Syphilitic serum, however, immediately turns a dark brown and on shaking, the mixture assumes a turbid, thickish appearance. Syphilitic serum, in contrast to normal serum, causes a marked frothing of the mixture. His results tallied with the Wassermann test. Schmincke and Stoeber have tested the reaction following Schurrman's directions closely. They tested 98 different serums, some of which were derived from sphilitic patients, while others were derived from normal persons. The serum of syphilitic persons, all of which reacted to Wassermann's deflection test, as well as the serum of one scarlatina patient, which also gave a positive Wasserman test, yielded all colour tones from pale yellow to a dark green, with Schurrmann's reagent, save two cases, which gave the characteristic dark brown colour. In the serum of other cases, a few gave positive iron perchloride reactions; but the results of their experiments were such as to compel the authors -o conclude that Schurrman's test possesses no specificty for syphilis. Meirowsky has also controlled the results (Deut. Med. Woch., May 27th, 1909,) and also comes to the conclusion that the reaction is not characteristic for syphilis. His case showed a positive reaction with syphilitic serums in 14.9 per cent., and with non-syphilitic serums in 15.9 per cent. He offers some suggestions with regard to the probable explanation of the test.

The "Journal of the Southern Medical Association" has gone out of existence with the completion of Volume VI, December, 1909. The reason for the discontinuance of the journal was that it being the official organ of the Association, and given free to all its members, the Federal postal authorities would not admit it to the mails as second-class matter.

Recurring Vesical Calculi.

Gould reports the case of a man from whom in 1903 he removed an enlarged prostrate and seven uric acid stones. In July, 1906, at a second suprapubic operation, a large, firm, uric acid stone with a coating of phosphates was removed. In January, 1907, and June, 1908, the patient was again under observation, but no stones were found. In October, 1909, however, for a third time, a cystostomy was done and a stone weighing 8 ounces was removed.—Proceedings of the Royal Society of Medicine.

Acetone Alcohol as a Disinfectant.

Herff says that equal parts of acetone and alcohol are the best disinfectant known for the skin and the operative field. For the past two years he has used it exclusively, as described below, without any previous prepartion such as sublimate dressings or scrubbing with soap and water, even about the vulva. The dry skin is washed for about five minutes with the acetone alcohol solution with a piece of flannel. The excess is sponged off and a protective dressing placed about the operative area. In vaginal operations, the vagina is washed out with a three per cent. solution of iodine in alcohol, because the vaginal epithelium does not bear rubbing well and because it contains no fatty substances to be dissolved. In the year 1908 he had but two mild infections of the wound. Von Herff says that the bacteriological, as well as the clinical test, is so perfect, and the method is so simple, that he cordially recommends it.—Zentralblatt for Gynakologie.

Questions at the December (1909) Examinations of the Maryland Examining Board.

ANATOMY.

1. Bone? Composition and structure.
2. Name bones with which the temporal articulates.
3. Describe the thoracic duct.
4. Name the ductless glands.
5. Describe any one ductless gland.
6. Make diagram of transverse section of thoracic spinal cord.
7. Give general plan of circulation.
8. Describe the ophthalmic nerve.
9. Describe the middle ear.
10. Origin, insertion, action and nerve supply of teres major and gracilis muscles.

SURGERY.

1. What is an abscess, an aneurism, and with what conditions may aneurism be confounded?
2. Define peritonitis.
3. Describe operation for ligation of subclavian in its third person.
4. Describe tonsillectomy, and how would you arrest dangerous hemorrhage after this operation?
5. Name and describe the more common errors of refraction.
6. Define glaucoma, and describe its surgical treatment.
7. Where and when, if at all, should

metallic sutures be used, and why?

8. Give symptoms, signs, diagnosis, and surgical treatment (operative and non-operative) or tubercular coxitis (hip joint).

9. Name several local anesthetics and mode of application.

10. Cholecystotomy: Indication, limitations technique.

PATHOLOGY.

1. Define (a) calcification, (b) neuroma and angioma, (c) a retention cyst. (d) What are the degenerative changes of arteries? (e) What is osteo-malacia?

2. How does sarcoma differ histologically from carcinoma?

3. What pathologic changes are found in Addison's disease?

4. Give pathology of tabes dorsalis.

5. Describe pathologic change that takes place in the liver from chronic interstitial hepatitis or atrophic cirrhosis.

6. What pathalogic changes occur in acute lobar pneumonia?

7. What is diplococcus? Name two pathogenic diplococci.

8. Define (a) germicide, (b) antiseptic, (c) asepsis, (d) sterile, (e) disinfectant.

9. What is essential to the life of bacteria?

10. What special culture medium is required for the growth of gonococcus?

OBSTETRICS.

1. What are the factors concerned in normal menstruation? Under what pathological condition may menstruation be absent?

2. How is external palpation applied in the position of the fetus?

3. What is puerperal eclampsia? Describe the prophylaxsis and give treatment.

4. Give the causes, diagnosis and treatment of prolapse of the cord.

5. Give the causes, diagnosis, mechanism and management of a face presentation.

6. Mention all the structures divided in complete laceration of the perineum, and describe an operation for their restoration.

7. Give the pathological anatomy, symptoms, diagnosis and treatment of membranous dysmenorrhea.

8. Give reasons for the shortening of the round ligaments. Describe the operation.

9. Describe the structures and development of a dermoid cyst of the ovary.

10. Give the causes of icterus of the newborn

PRACTICE.

1. Define (a) epidemic parotitis, (b) difference between endemic and epidemic diseases, (c) dysphagia and name some diseases in which it occurs; (d) Koplik's sign and Kernig's sign. In what diseases do they occur?

2. What is (a) percussion, (b) inspiration, (c) mensuration, (d) palpation, (e) auscultation, (f) succussion, (g) aegophony.

3. Give differential diagnosis between membranous and spasmodic croup, and give treatment of each.

4. Give differential diagnosis between varioloid and varicella.

5. Give differential diagnosis between hysteria and epilepsy.

6. Give symptoms of Graves' or Basedow's disease.

7. Give cause and symptoms of acites, and indicate how to recognize by what disease it is produced.

8. Give treatment of erysipelas.

9. Give treatment of diabetes mellitus.

10. Describe symptoms of herpes zoster and its treatment.

CHEMISTY.

1. Define (a) diffusion, (b) dialysis, (c) combustion, (d) reagents, (e) oxydation, and give an illustration of each.

2. (a) What is the reaction of normal gastric juice, (b) and to what is it due.

3. (a) Give properties, (b) chemical formula and (c) uses of permanganate of potash.

4. Mention one chemical antidote for each of the following: (a) Phenol, (b) arsenious oxide, (c) sulphuric acid, (d) mercuric chloride, (e) oxalic acid.

5. Complete the following equations:

(a) $BaO_2 + H_2SO_4 =$
(b) $_2KI + HgCl_2 =$
(c) $NO_2CO_2 + CaCl_2 =$
(d) $Pd(NO_3)_2 + Na_2SO_4 =$
(e) $_2KOH + H_2SO_4 =$

6. Describe in detail the examination of a sample of urine for the detection of sugar, albumen and bile.

7. Give (a) chemical formula, (b) properties (c) and uses of iodoform.

8. Give a chemical classification of foodstuffs, with an example of each.

9. Under what circumstances are the syllables mono, di, tri, tetra and penta used in chemical nomenclature? Give examples.

10. Describe "Marsh's" test for arsenic.

MATERIA MEDICA.

1. How is opium obtained? (a) What per cent. of morphia should the official powdered opium yield? (b) Name two alkaloids of opium and give doses.

2. Give the official name and composition of (a) Fowler's solution, (b) Donovan's solution.

3. Name five official preparations of mercury

4. State the dose of infusion of digitalis, fluid extract of ergot, oleum terebinthinæ,

sodium salicylate and tincture opii deodorati.

5. Give the official name and dose of (a) Epsom salts, (b) Rochelle salts, (c) Glauber salts.

6. What is incompatibility in medicine, and what are the different kinds of incompatibles?

7. Would you write potassium chlorate and tannin in the same prescription? Give reasons for your answer.

8. Definite narcotics, anesthetics and sedatives, and give an example of each.

9. Name the four principal alkaloids of cinchona.

10. Mention the three principal salts of potassium used in medicine, and give dose of each.

THERAPEUTICS.

1. Name two respiratory stimulants and two vasomotor depressants. Give doses.

2. Describe and give the indications for the use of cardiac sedatives, with an example.

3. For what purpose is diaphoresis produced? Name three diaphoretics.

4. By what methods do antipyretics act?

5. Define anthelmintics, and name some remedies of this class.

6. Explain how antitoxin produces immunity and effects cure.

7. What therapeutic uses has chloroform other than as an anesthetic?

8. What is cumulative action? Name one drug that has this tendency, and give symptoms of such action.

9. What is the important alkaloid of erythroxylon, and what is its principal therapeutic use?

10. What are the therapeutic uses of the preparations of bismuth?

PHYSIOLOGY.

1. (a) Define human physiology. (b) Define physiological leukocytosis and mention some condition in which found. (c) Give normal blood pressure.

2. State what you know of the composition and character of urine, and mention the most frequent abnormal constituents.

3. (a) What are the sources of oxygen and carbonic-acid gas in the system? (b) What is the effect of each upon the blood?

4. What is meant by absorption and nutrition?

5. Where in the body is each of the following found, and what is the function of each: Pepsin, trypsin, glycogen, ptyalin synovia?

6. Describe the normal heart sounds and factors producing each.

7. Describe briefly the functions of the pneumogastric nerve.

8. Give the functions of the skin, and describe briefly how each function is performed.

9. Lymph: Origin, description, composition and functions.

10. (a) Describe the normal pulse, and give the average rate during infancy, youth and old age. (b) What is the normal ratio of the pulse to respiration?

Bismuth Poisoning.

In concluding a report of several cases of poisoning from the use of bismuth subnitrate, Davis and Kauffman say: Poisoning from bismuth subnitrate vaselin paste is more common than we had supposed. Since the report of these cases, in an examination of about twenty-five orthopedic cases in the Cook County Hospital in which bismuth had been injected into their tuberculous sindses more than once, we found that in six cases there was more or less pigmentation of the gums. In one of the cases extreme blue pigmentation was present on the gums, lips, and the cheeks without subjective symptoms. From this we have reason to believe that pigmentation of the gums is an early sign of bismuth intoxication and should be taken as a signal to at least discontinue the administration of the paste. In the reported cases four of the five received six ounces or less at the first injection, and ten ounces or less in toto. One fatal case occurred after the use of less than one ounce of the paste. Toxic symptoms developed after the first injection which might influence poisoning, as some of these cases were not skiagraphed after the paste was used. There are acute and chronic cases of bismuth poisoning, the former being fatal with general symptoms and the latter tending to a slow recovery with practically only local manifestations, but the onset of both types is very much the same. Thus far no case of pure nitrite poisoning following the use of bismuth subnitrite paste is on record, and, though there is but one case where the nitrites played a part in the poisoning, it seems that danger should be avoided by the use of bismuth carbonate. Impurities in the bismuth subnitrite are not a factor in the poisoning because the metallic bismuth has been found in the local pigmented areas and in two well-defined cases the bismuth showed no impurities.—Illinois Medical Journal.

Tachycardia.

"In all forms of tachycardia or intermittance, from the abuse of tea, coffee or alcohol, Cactina Pillets give pronounced relief. In fact, in all of the cardiac neuroses, especially those met in females, this remedy is a dependable means of overcoming excita-

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usually disappear as the general bodily nutrition and vitality improve. This is why

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accomplishes such surprising results in many a serious, intractable case of bronchitis or other respiratory disease, when other remedies fail completely. Its use stimulates the appetite, promotes digestion, increases assimilation, and raises the whole vital index. The benefits, therefore, are permanent—not transitory.

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LISTERINE has also won the confidence of the profession by reason of the standard of excellence (both as regards antiseptic strength and pharmaceutical elegance), which has been so strictly observed in its manufacture during the many years it has been at their command.

bility and irregularity of the heart action."

Relief of Acute Nasal Catarrhs.

Few minor diseased conditions are provocative of such inconvenience as an acute nasal catarrh, and an agent that will check it and bring about a cure is worthy the widest use. Douches of Katharmon in diluted strength will accomplish this end by reducing the turgescence of the mucosa and checking the inflammatory process.

"Medical Review of Reviews."

Beginning with the January, 1910, issue, this journal will be edited by Dr. William J. Robinson of New York. The editorial offices have been removed to 12 Mt. Morris Park W., New York City.

Treatment of Chronic Bronchitis.

Underlying a chronic bronchitis there will be found a state of reduced vitality. The chronic condition has fixed itself and the weakened system is unable to throw it off and restore itself to normal—the system's elasticity, and its ability to rebound, as it were, is gone.

There is urgent need of an agent that will build up and restore the resisting powers, so that the chronic bronchial condition may be eliminated. Cordial of the Extract of Codliver Oil Compound (Hagee), by reason of its soothing effects on inflamed mucosae, and above all else, its power to build up a debilitated subject, put new blood in his arteries and stamina in his body—is the remedy par excellence for this purpose.

The Selections of Patients for Spa Treatment.

Wood compares in his presidential address French and German spas. In France the spa towns seem to have grown up naturally, as do English towns, the comparatively wide village main road developing into the principal street by the erection of the finest buildings, and minor streets shaping themselves as requirements have grown, without any provision that when the town increased in importance their narrowness would cramp its grandeur. In Germany, towns when fully dedeloped look as if they had originally been laid out with a view to their ultimate expansion. The result is that German spas have better planned and more spacious public recreation grounds, and that the streets present an air of greater dignity. In France, some of the spas are shamefully kept, the banks of lovely little streams are strewn with ordure, and along the roads there are sights so disgusting that they are best left undescribed. In Germany, on the other hand, we find a cleanliness so scrupulous that it is reminiscent of the deck of a man-of-war. In France the tendency is for each spa to specialize in the class of cases it seeks to attract. We are given a list of the diseases considered to be amenable to the treatment, and also those which on account should be sent. Both in selection and rejection, but chiefly in the latter, these lists sometimes seem to be quite arbitrary. As an example, it is stated of one of the springs that the water has no influence above the diaphragm. In Germany, on the other hand, many resorts state to benefit nearly the whole list of the diseases, and this because, less regard being had to the specific nature of the disease than to underlying constitutional conditions, it is hear that these can be beneficially influenced in one way or another by totally dissimilm therapeutic agents. In general balneological equipment the Germans hold a decisive lead. The personnel of the bathhouses is under better discipline, and to secure proper attention incessant tipping is not required, as is so frequently the case in France. It is frequently said that in France there are more distractions, but he thinks that if villages and towns of the same size are compared in the two countries there will be found only one difference. In Germany public gambling is forbidden, whereas in France even quite tiny spas provide this form of amusement, if that is the proper name to give to games which steadily transfer bullion from the pockets of the players to those of the managers of the casinos. As M. Blanc of Monte Carlo remarked: "Rouge wins sometimes, Noir sometimes, but Blanc always." For a short time, during and after the Boer war, Englishmen were liable to insult in either country. That is a thing of the past, but he has not been able to notice that the recent Anglo-French *entente* or Anglo-German recriminations have made the attitude of the French more friendly or that of the Germans more unfriendly.—The London Medical Lancet.

The Treatment of Gastric Ulcer.

At the German Congress of Medicine this year, Lenhartz read a paper on the treatment of gastric ulcer, to which W. von Leube took exception. As he was only able to argue briefly on the point, the latter now amplifies the discussion by setting forth his views in some detail in the Deutsche Medicinische Wochenschrift of June 3, 1909. The treatment which he pleads for has been employed in his practice for upward of thirty years, although in the course of time he has been able to improve the results by

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small modifications. The patient under all circumstances is kept in bed at absolute rest for one or two weeks. This he considers to be absolutely essential. He does not consider that a longer rest is necessary. In ordinary cases he gives small quantities of Carlsbad water (about three-quarters of a tumblerful). This is taken warm during fasting. While he is not prepared to assert that this water has a curative effect on the ulcer, he is not prepared to deny that such an action may take place.

The third part of treatment is the application of heat to the epigastrium. The best forms are linseed poultices or the thermophore. He prefers the former, and applies them as follows: The skin of the epigastrium is first scrubbed with soap and water and with perchloride of mercury solution, and washed with alcohol. The region is then covered thickly with a borax wax ointment. Over this a compress is laid, and on the compress a poultice is applied. The poultices are renewed every fifteen minutes. He employs a metal box fitted with a false bottom containing water, so that the poultices can be kept moist and hot by means of a spirit flame. At night-time a cold-water compress is applied instead of the poultices. He does not discontinue the poultices even if blisters form, as the skin is kept sterile and therefore no harm can come. When hemorrhage occurs no poultices may be applied. He always uses ice to the epigastrium under these circumstances.

The next point in the treatment is the diet. He describes the diet which he advises as a "Schonungsdiat" (a diet which avoids doing any harm), which gradually increases in nutritive value. The effect of this diet is exemplified by the results obtained since 1897 as compared with those obtained before that year. Originally he found that 13 per cent of the patients died. His treatment yielded him a mortality of 2½ per cent, and since his improved diet has been used he has still further reduced the mortality to 0.3 per cent. This series includes 627 cases, of which 566 were cured completely, 53 were much improved, 6 remained uncured, and 2 died: 475 were cured under five weeks. His hemoptysis cases numbered 72, and 2 of these died—that is, a mortality of 2½ per cent; these cases were included in the 627 cases. Hematemesis requires complete withholding of food by mouth. The tendency to vomiting and renewed bleeding is treated with one 30-drop dose of adrenalin, absolute rest in bed, bismuth, and quieting the stomach with an injection of morphine.

The author discusses the rationale of this treatment as contrasted with the treatment advocated by Lenhartz, who does not realize the necessity of fasting, but believes that one egg and 200 grammes of milk can be given on the first day, two eggs and 200 grammes of milk can be given on the second day, and so on. The suggestion is that the eggs and milk bind some of the free acid, and thus prevent the gastric juice from irritating the ulcer. Von Leube points out that the fasting stomach has but little free acid to bind, and that the egg and milk will certainly produce a greater flow of gastric juice, so that the effect will be to increase the quantity of acid. Food is supposed to keep the stomach quiet, but the author considers that this effect can be obtained with greater safety by a morphine injection. He gives nutrient enemata during the first three days, which, if half absorbed, would supply the body with as many calories if not more than the two eggs and 200 grammes of milk. From the fourth day onward his diet consists of 1½ liters of milk, a half of a bottle of meat juice, and 200 grammes of rusks, yielding a total caloric value of 1800. This has proved sufficient in the majority of cases to sustain the body weight, while in a certain number weight has actually been put on under this regime. Naturally, some patients have lost weight at first. The hemoglobin tends to increase steadily during the treatment. He never gives iron during the treatment of gastric ulcer. The reason for this is that, ulcer is healed, iron only irritates and does no good. After the healing it may be necessary to give it, but as a rule the steadily increasing dietary renders all medication unnecessary. No aperient is given during the time following hemoptysis. Motions of the bowels can be obtained by enemata.—British Medical Journal.

Non-Tuberculous Suppurative Affections of the Kidney.

In a paper on non-tuberculous suppurative affections of the kidney, von Frisch of Vienna (Centralbl. fur Chir., Feb. 24, 1909,) arrives at the following conclusions: (1) Pyelitis in both its acute and chronic forms originates in infections of the kidney or the renal pelvis, derived from the circulating blood, or from an ascending inflammatory process starting in the bladder. It has not been proved that infective germs can be directly transmitted to the renal pelvis from the intestine. (2) The development of pyelitis and of pyelonephritis is favored by a predisposition set up by such local conditions as congestion of the mucous membrane of the kidney and its pelvis, and some obstruction to the free excretion of urine. (3) The tendency to an ascending

infection is also favored by a diminished resistance of the ureters to a reversed flow of the urine from the bladder, to overdistention of the bladder, and to nervous atony of the ureters due to spinal disease. (4) The prognosis of pyelitis pyelonephritis is influenced by the anatomical condition of the affected kidney, and the nature and virulence of the infecting organism. (5) It is desirable that further experimental research carried on under control of clinical observation should be made, with the aim of explaining the frequent presence of the B. coli as the infective agent, and the path by which this germ travels to the renal pelvis. (6) Further research also is needed in order to explain the contradictory results of experiment on the relative virulence of the different bacterial forms, and their etiological relations, on the one hand to pyelitis, and on the other to pyonephrosis. (7) Cystoscopy and catheterism of the ureters are regarded as absolutely essential measures in the diagnosis of a case of suspected renal suppuration. (8) Although pyelitis, in both its acute and chronic forms, may occasionally yield to medicinal and dietetic measures, direct surgical intervention takes the first place in treatment. (9) In acute febrile pyelitis, ureteral catheterism should be promptly performed, with the object of removing retained inflammatory products from the renal pelvis and of allowing the injection of antiseptic solutions into this cavity. (10) Chronic pyelitis should also be treated by repeated removal of inflammatory secretions from the pelvis and by the instillation of medicated solutions. (11) Such local treatment gives best results in cases of infection by the B. coli and the gonococcus; in cases in which the renal affection is due to the infective action of the organisms of decomposed urine the prognosis is much less favorable. (12) The direct treatment of pyelitis by ureteral catheterism is contraindicated in cases of suspected tuberculosis and in cases of infected hydronephrosis and of pyonephrosis it is useless. (13) Failure of this method of treatment and the persistence of fever and other signs of serious general reaction should be taken as indications of nephrotomy. (14) This operation should also be practiced in cases of acute and chronic pyelitis in which there is any difficulty in ureteral catheterism. (15) Infected hydronephrosis and also pyonephrosis present decided indications for nephrotomy, and, it may be, for primary nephrectomy. A persistent renal fistula or extensive and severe lesions following nephrotomy demand nephrectomy.

The paper was read at the meeting of the German Society of Urology, and in discussing it Barth, of Dantzig, insisted on the value of ureteral cathereism in the diagnosis and treatment of suppurative affections of the kidney, and expressed the opinion that nephrotomy should be reserved for cases in which the former method had failed, and when the development of parenchymatous abscesses was suggested by persistent local pain and a general septic condition.—British Medical Journal.

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Dr. Chas. C. Haskell Goes to the Lilly Laboratories.

The scientific department of Eli Lilly & Co., recently engaged the services of Dr. Charles C. Haskell who will give his time to experimental therapeutics and pharmacology.

Dr. Haskell is a native of Columbia, South Carolina. In 1905 he graduated from

the University of Va. with the degree A. B. Following the completion of his academic work he entered the medical department ot the university remaining one session afterwards matriculating in the Harvard Medical School from which institution he received his M. D. degree in June 1908.

Since graduation Dr. Haskell served as interne one year in the Long Island Hospital, Boston; as physician to the Floating Hospital of St. John's Guild, N. Y. and as interne in the Williard Parker Hospital (for scarlet fever and diphtheria) of the New York Health Department from which institution he came to the Lilly Laboratories.

Much work has been done in physiological testing and assaying by the Lilly Laboratories under the direction of Mr. C. R. Eckler formerly of the University of Michigan. The addition of Dr. Haskell to the department of pharmacology will enable the work to extend into expermental therapeutics much farther than heretofore.

Gout.

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Concussion of the Brain —Trendelenburg discusses at length the differential diagnosis between concussion, contussion, and compression of the brain, and says that these conditions are rarely found singly, two or more usually being combined. The cardinal symptoms of concussion are the sudden coma, slow pulse and r spiration, and loss of pupillary reflexes. Recovery simulates that from a narcotic or alcohol. In cerebral compression, usually from hemorrhage, the onset is slower and progressive, with localizing symptoms as convulsions or paralyses, and rapid recovery after operation. If the compression is due to a depressed fracture and not to hemorrhage it may be impossible to differentiate between it and concussion. In cerebral contusions there are usually clonic motions and tonic contractions of the extremities. The symptoms may be masked by those of concussion. Flaccid paralyses are rarer than in compression. In these cases the coma does not clear up, the temperature rises rapidly, and the patient dies in coma. At autopsy small capillary hemorrhages are found in the cortex. The most characteristic symptom of concussion is the immediate coma, gradually clearing up and leaving no after effects. In mild cases the patient may not become unconscious, simply for a few moments everything becoming black before the eyes. From these cases there are all grades to those in which the coma lasts for two weeks. Vomiting is another common symptom. Retrograde amnesia is a constant symptom of concussion. This may include only the moment of the accident, or may go back several days. It gradually diseappears during recovery. Concussion may be called "traumatic narcosis". The pulse is slow and the temperature subnormal. In many cases after the recovery from the unconsciousness there is a marked reduction in the memory. In some instances there occurs a condition resembling somnambulism in which the subjects do their work for several hours, but know nothing of what they have done. Psychoses may occur, including hallucinations, fixed ideas, and delirum lasting for a few days and closely resembling alcoholism. Gycosuria and polyuria are not infrequent sequelæ of concussion. The retrograde amnesia differs from either or chloroform anesthesia, but resembles carbon monoxide poisoning or strangulation. The physiology is discussed at length. An important point is that the intensity of the concussion is, within limits, in inverse proportion to the severity of the injury causing it. When the skull is fractured, concussion is not apt to occur. There are many theories as to the cause of concussion, none quite satisfactory. Increased intracranial pressure, rupture of capillaries and cerebral anemia have been claimed as the immediate cause, but they do not explain the symptoms. Concussion of the medulla and cord, causing immediate transitory complete paralysis, has been described, but the author has never seen such cases. Peripheral nerve paralyses, due to a blow or

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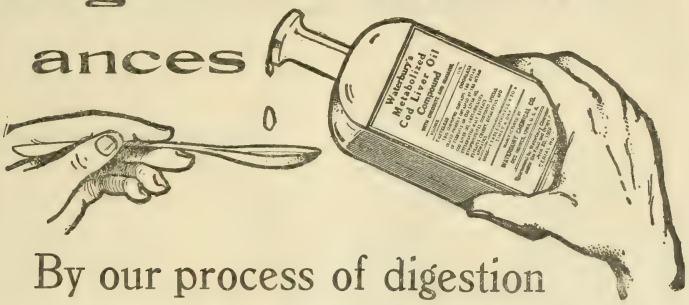

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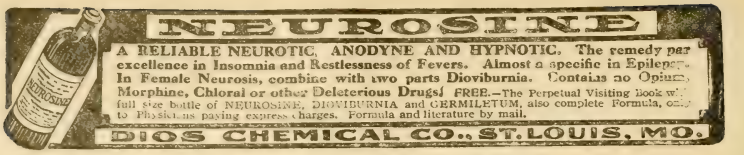
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pressure, are common; also sensory symptoms from the same cause. The name of acute cerebral compression has been advocated for the condition, but as it is not proven that the symptoms are in reality due to such a condition the author believes in retaining the name of concussion until futher study teaches the real nature of the process. —Deutsche medizinische Wochenschrift.

Some Experiments on the Action of Formalin and Other Root-Dressings.

Simms reports a number of practical experiments on the action of various forms of root-canal dressings commonly used, and essays to explain how it is that the introduction of Formalin has wrought such an improvement in root-canal treatment. The drugs have been compared according to their power of destroying microbes with which they are not in direct contact. Dressings were applied to the roots of extracted teeth and sealed in, and the teeth were dropped into bacteria cultures. The effect of the antiseptic dressings on the bacteria immediately around the apices of the teeth was watched. While there appeared to be a completely unretarded growth right up to the whole circumference of a tooth containing carbolic acid dressing, there appeared around the apical region of the tooth which contained a proprietary dressing containing Formalin a clear area in which no growth had occurred. The germs that had been present in the culture had not been permitted to grow; on the contrary, they had been destroyed by the medicament sealed inside the root. Therefore, something obviously of a gaseous nature must have passed through the apical foramen of that tooth. To preclude the possibility of some of the Formalin paste having been pushed through the apical foramen, thus acting directly on the germs, the root-dressing was not placed more than half-way down the root-canal, but the result was exactly the same. This leads to the conclusion that if infection has passed through the apex, one might go on pumping down carbolic acid indefinitely without reaching the cause of the trouble; hence the immense value of a Formalin preparation which is able to reach a point otherwise inapproachable.

Among the essential oils, the oils of cloves. turpentine, eucalyptus, and also Black's 1 2 3 mixture, which consists of the oils of gaultheria and cassia and carbolic acid, were tested, but none of these showed any evidence of power to penetrate through the apex. Perchloride of mercury in a 1 per cent. solution, iodoform, tincture of iodine, and hydrogen dioxide all gave negative results, although all these drugs had been subjected to repeated trials. A particularly careful series of trials was made with perhydrol, the drug in one case being sealed into a root just extracted and full of septic material, so that there was abundant matter present to set free the oxygen from the perhydrol; but although the interior of the root was favorably affected by the oxygen, no beneficial result was shown around the apex.

Equal parts of trikresol and Formalin mixed, which is the formula suggested by Buckley, showed a little less penetration than pure Formalin, which should not be used in the mouth, but the penetrating action was doubtless sufficient for the purposes required. The excellent results obtained by means of this combination of drugs is due more to the power of wide penetration than to the complicated system of chemical changes that Buckley himself seems to have faith in. Trikresol is a body very similar to carbolic acid, and, as may be expected, a separate trial of the penetration of this drug alone merely confirmed still further the inefficiency of all liquid antiseptics for the purpose of treating dead teeth, and it becomes evident that it is only the Formalin element in the Buckley combination that is responsible for the advantages gained by its use. Various combinations of other drugs with Formalin were tried both clinically and in this experimental way, the results varying very little. An escape of the Formalin vapor, not only at the apex but now and then at the other end of the root, was noticed whenever the dressing had been sealed in with guttapercha; subsequently every dressing was sealed in with cement.

From the foregoing it may be conclusively asserted that no matter how strong liquid antiseptics are, they have no efficiency beyond the apex of the root. Still further, it has been shown by the author that carbolic

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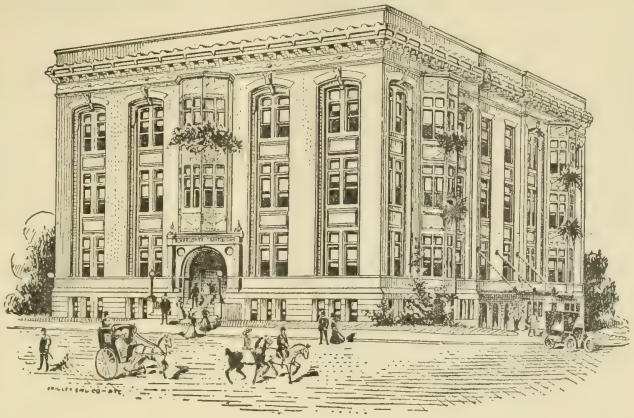

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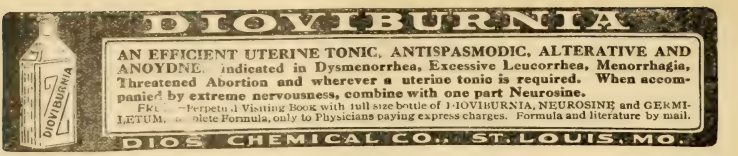
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acid and oil of cinnamon will only destroy the comparatively small number of bacteria with which they are in absolutely direct contact, and are therefore not to be relied upon in the treatment of septic roots.

If the question arises what preparation of Formalin is to be particularly recommended, it may be said that as long as a solution of Formalin 1 part in either 3 or 4 is adhered to, it matters little what the Formalin is diluted with. It happens, however, that very few liquids will mix with Formalin, and so it follows that we are limited to either trikresol, creosote, or glycerine.

Some small proportion of Formalin incorporated in the permanent root-filling will help to preserve the root in a wholesome condition. The power of the Formalin vapors to penetrate the dentinal tubes was also tested, and it was found that in case of a gound tooth strong Formalin penetrated at least half through the dentine, which indicates that Formal preparations in strong solutions are not to be used, especially when the cavity approaches the pulp.

Considering, on one hand, the powerful influence and the good results of Formalin in teeth, both septic and sensitive, and, on the other, the enormous number of new proprietary preparations being constantly brought before the profession, all of which are expensive and rely on nothing more or less than Formalin, this investigation into the mode of action of this drug is heartily to be welcomed.—Proceedings of the Royal Society of Medicine.

Diagnosis and Treatment of Tetany.—Chvostek (Deutsche Med. Woch.) discusses Tetany and states that it is easily recognized, except in atypical cases. The cardinal symptoms are tonic spasms, mechanical Hyperexcitability of the motor nerves (Chvostek sign), electrical Hyperexcitability of motor nerves (Erbs sign), and the production of tonic spasm by pressure over the main nerve trunks or vessels of a limb (Trousseau's sign.) A diagnosis from spasm alone is impossible, as they are often absent, while hyperexcitability of motor nerves can occur in pellagra, tuberculosis, epilepsy, hysteria, chorea, etc. Chvostek sign though is important and indicates disease of the parathyroids. The writer does not believe in the efficiency of Erbs sign, stating that it is often absent in the acute stages of Tetany.

Trousseau's sign, the 3rd cardinal symptom is of less diagnostic value than the other two mentioned. While occurring in the acute stages, in the latent period it is usually absent. Trousseau's sign may occur in cases of Hysteria, manifesting itself in exactly the same manner. During acute paroxysms muscular spasms are constantly present, with many variations from the typical. The arm may be extended, the fingers clinched, or be claw-like. In the leg there is extension of the knees and plantar-flexion of the foot which is typical of Tetany though the opposite does occasionally occur. The spasm may persist for many days and the dominant symptoms may be parasthesia and pain. In some cases the spasms are clonic. Though recovery from the spasm is the rule, Tetany is a chronic disease. Von Frankl-Hochwart states that in 4-5 of cases symptoms recur for years. That Tetany is due to disease of the parathyroids has been proven and may be classed with Goitre affections. In some cases there exists hemorrhages into the Parathyroids. Spasm usually follows some exciting cause, like over exertion, infections, diseases, intoxications, emotion, pregnancy, etc. "Tetanoid" conditions may be induced by certain postures of the body, and by injections of Tuberculin into the body.

Hoffman's sign in Tetany consists of mechanical and electrical hyperexcitability of the sensory nerves and occurs in acute spasms, but is not elicted in the internals. Of diagnostic importance is hyperesthesia to galvanism of the acoustic nerve in Tetany. Other symptoms of Tetany not so frequently met with are fibrillary twitchings, the formation of Cataract, peculiar facial expressions and various trophic disturbances.

Atypical types of Tetany may be mistaken for Tetanus and meningitis. The spasms of Tetanus involve the whole body, especially the muscles of mastication and there is Reflex Hyperexcitability. Tetany may simulate meningitis as in atypical cases of the former disease. There may be hyperesthesia of the skin, muscular pain and

opisthotonus, also pyrexia, headache and ocular symptoms. However, Kernig's sign is absent as is the meningitis pulse and Cheyne-Stokes respiration. The convulsions in some cases of Tetany may be clonic and myotonic thus simulating Thomsen's diseases, multiple sclerosis, syringomyelia and hysteria. A diagnosis from the first named, especially, may be difficult. Tetany may simulate the muscular dystrophies, owing to motor weakness or neuritis. The paresis of Tetany, however, is of the relaxed variety (no contractures). In some cases of Tetany there is muscular pain and nerve pain and absence of reflexes, thus simulating Neuritis. Tetany may also appear with symptoms like that of myesthenia gravis, but the latter is diagnosed by the myesthenic reaction. Rheumatism is frequently the diagnosis in many cases of Tetany, due to the presence of parasthesia around the joints. Lastly Tetany may be confounded with Hysteria, and so much so, that in former times the first named disease was included in the list of functional neuroses. On the other hand Tetany may excite an Hysteria, or the two conditions may coexist. There may also be some relation between Epilepsy and Tetany, both diseases frequently having the same exciting causes as alcoholism, plumbism and pregnancy. The Treatment of Tetany—Prophylaxis. This is only possible in the form tetania strumipriva, that is the surgeon in operating on Goitre must not remove the Parathyroids. A mixed treatment should be advised in patients, subject to this disease.

Scarlet Fever.—Baginsky, according to The Therapie d. Gegenwart, keeps his patients abed for four weeks, the diet light, non-irritating, and as salt-free as possible. Soups, meats and bouillon are excluded. Meat extractives are even more harmful than salt; a combination of these is very bad. The milk (2 to 3 litres a day) is supplemented with cocoa, vegetables and zwiebach. In the fourth week the patient may get up occasionally if the urine is normal; for six weeks, however, he should be kept under observation and sent back to bed upon the slightest untoward manifestation. Thus only can we forestall nephritis, anuria and uremia, which he never encounters if this rule is followed. He has seen severe injury in some cases from serum treatment, as also from silver salt ointment inunctions. In the beginning of scarlet fever the fever is, as in all other acute infections, and requires the same therapy; but later this fever is the expression of complications, and the treatment must vary accordingly. Much bathing is not good; the danger of catching cold must be avoid-

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ed. A cool room is permissible while there is fever; but here we must be cautious as the fever subsides.

Syphilis and Aneurysm.—Osler (British Medical Journal) begins with a historical summary showing the gradual recognition of syphilis as a cause of aortitis and aneurysm. Then he discusses syphilitic aortitis as such, takes up the question of the origin of aneurysm, cites statistics showing its relative frequency, describes the clinical features, and concludes with the following interesting general remarks:

"The discovery of the cause is the first step towards successful measures for the prevention of an infectious disease. So far as venereal disease is concerned our attitude has been one of hopeless inactivity, partly owing to inherent difficulties, partly to a lack of courage. The innate difficulty relates to the problem of controlling one of the two great primal appetites. No measures yet devised have successfully restricted illicit intercourse between the sexes. Prostitution, the blackest blot in our civilization, exacts a ghastly toll of saffering, and a sacrafice annually of thousands of lives. Add to 6,000 or 7,000 slain by the spirochaetae the thousands maimed and killed by the gonococcus—a David among cocci—and the sum total debited the venereal infections reaches figures only behind those of tuberculosis, pneumonia, and cancer. Too deeply entrenched in the very citadel of our social fabric for a frontal attack, the lessons of other successful campaigns must be conned, and long years of training must be undergone berore we can hope for a truce, to say nothing of victory. There are four lines of attack possible. The first is a wholesome and healthy education of our youth in matters sexual, pointing out plainly the necessity of continence, though a hard condition; the really terrible risks, and the sad train of events likely to follow an infection. Secondly, steps should be taken to lessen 'the sight of means,' as the proverb puts it, the open, flagrant whoredom which makes the streets of London for example, a byword among the nations. A special police force of men and women could in a year clear the streets and places of public amusements. Such a measure *alone* might only 'skin and film the ulcerous spot,' as no doubt it does in Paris, where Bizard estimates that one million men visit annually 'les Maisons de tolerance' and 'les Maisons de rendezvous'!

"Thirdly, venereal diseases should be put in the same category as other acute infections of public danger, and every case should be known, registered, and supervised. Chimerical, futile, visionary, impossible! Yes, so it seems, and so it is today; but twenty years ago how wild and fanciful we thought the notification of tuberculosis!

"And, lastly, much may be done to lessen the ravages of the disease by increasing everywhere the facilities for early and prolonged treatment. The methods of investigation have raised a hope that—perhaps at the very outset, at the portal of entry—the disease may be jugulated. Time will tell. Like other protozoal affections, syphilis displays an obstinancy and chronicity that has made some authorities doubtful of the possibility of a final cure. On this question I have always pinned my faith to the greatest of British syphilographers, Jonathan Hutchinson, sharing his belief in the permanent curability of the disease."

Mobilization of Anylosed Hip-joints.—Meyer (Deut. Med. Wochensch.) refers to a series of cases of ankylosed hip-joints in which more or less benefit was obtained by the interposition of a flap of sort parts—a procedure which had been previously employed with success by Vulpius, particularly in ankylosis of the elbow-joint. The case described in detail was that of a woman, thirty-eight years old, with seuere kyphosis following spondylitis and a deformity of the thorax, who had suffered thirteen years previously from coxitis, necessitating the use of a crutch. The left hip-joint was completely ankylosed and could not be moved actively or passively, while there was marked shortening of the leg. After the trochanter had been laid bare a fissure was found above it, which was apparently due to a recent fracture from attempts at movement. It was found impossible to free the head and neck of the femur from the pelvis, and the femur was therefore chiseled through above the greater trochanter and the greater part of the head and neck of th

bone removed. The remainder was excavated and the shaft of the femur implanted in it, a flap of fatty tissue with a thin, muscular layer being interposed between the two portions of the bone and fixed with silk sutures, so as to form a cushion between them. The muscles were then sutured with silk, and the cutaneous wound closed. The existing overextension of the knee-joint was remedied by inserting a strong silk thread passing from the periosteum of the femur to that of the tibia, holding the bones in a position of flexion. A plaster-of-Paris dressing was applied to the entire leg. At the end of two years the patient had no pains, could easily walk about with a cane, and sit down, which previously was not possible.

Indications for Operation in Chronic Inflammation of the Adnexa.—Prochownik (Monatsschr. f. Geburtsh.) believes that in obstinate cases of chronic inflammatory disease of the adnexa, in which the patient suffers severely and is not improved by the ordinary treatment, she should be kept under accurate clinical observation for five to six weeks before resorting to operation. Operative intervention is indicated for all patients who derive no objective amelioration. Operative intervention is indicated for all patients who derive no objective amelioration of their condition from prolonged conservative treatment, although conservative measures may be attempted if there is any prospect of evacuation of an abscess. Prompt intervention in these cases often enables us to preserve organs and functions. Early operation is undoubtedly indicated for unilaterial tumors, which are either positively or very probably associated with appendical disease. In cases in which tubercular disease of the adnexa is associated with other affections, particularly gonorrhea, as well as in those in which it is alone present, surgical treatment should be undertaken only in the event of severe local disease uncomplicated by involvement of the lungs and urinary organs, and then it should always be radical.

Inhalation Treatment of Tuberculosis.—Muthu (British Medical Journal) says that combined with the sanatorium treatment he has been using inhalations for the last ten years with much success. Their beneficial effect is best seen in early cases of both pulmonary and laryngeal tuberculosis. The secret of success depends upon the inhaler being used continuously for several hours a day, and with perseverance for several weeks. The author has advised an inhaler pyramidal in shape, flexible and light, and made of perforated zinc. It is somewhat similar in shape to that of Yeo's, but much larger, fuller, and nickel-plated. It is curved to fit the chin, and has leaden clasps to take in a layer of cotton wool. As an inhaler the author uses a mixture containing formalin in 2½ per cent. strength, as in the formula: Formalin (40) per cent.), *m*xv; chloroform, 3ss; menthol, gr. v: ol. pini, *m*v; spt. vin. rect., ad 3iv (10 drops to be sprinkled about every half to an hour). The strength can be increased to 5 or even 10 per cent. if necessary.

Treatment of Constipation in Children.—Dunlop (Edin. Med. Jour.) thinks that the neglect to attend to the calls of nature in early life the chief influence in the causation of constipation. The author is often unwilling to interrupt his play and the responsibility falls upon the mother or nurse of seating, the child at a fixed time daily, preferably after a meal. If no result is obtained in ten or fifteen minutes a suppository may be used. A glass of cold water should be taken night and morning. Systematic exercises causing the bending of the trunk on the legs are beneficial. Massage is occasionally successful but only as an auxillary measure. In breast-fed babies constipation is sometimes due to maternal constipation caused by indolent habits or

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overuse of tea, or to deficiency of fat and sugar in the milk. A single bottle of malted food daily or greater dilution of milk, preferably with oatmeal water, and addition of cream may overcome the latter trouble. Excess of fat may, however, cause constipation. Orange juice and cod-liver oil are especially useful for rickety and scorbutic infants. Drugs should be avoided as their use easily becomes habitual and then inefficient. Sodium phosphate or milk of magnesia may be added to the feeding-bottle. Enemata and suppositories soon lose their effect if used repeatedly. A high enema of oil is sometimes serviceable. In older children coarse cereals, syrup, brown bread with butter, green vegetables and fruit with the avoidance of white bread and starchy foods are the chief indications. Malt and cod-liver oil are invaluable in rickety and atropic children. Cascara is the best drug given in small doses, three times a day.

Contagion and Semiology of Scarlatina—Lesage (Gaz. des Hop.) don't believe in the necessity of quarantine for scarlatina in the desquamative stage. The author contends that there are many arguments to show that the contagion is only from the throat, and that the eruption is similar to the serum rashes, an adventitious occurrence not always present, the result of toxemia, and not a necessary part of the disease. The writer gives many illustrations to show that children have been in contact with scarlatina patients during desquamation and have not been infected, while, on the other hand, cases in which there was angina without eruption have communicated malignant scarlatina. The early contagion is conveyed by the mucus from the mouth. He says that when scarlatina is taken while the communicating case is in late stage of the disease this is due to the germs remaining a long time in the mouth and throat. This mucus may become dried and be carried about with virulent germs in it. It may also be maintained in cases of scarlatina otitis. Stickler inoculated ten children with the mucus from the throat of a patient in the eruptive stage of the disease, and all of them took the disease, it appearing within two days from the inoculation. By inoculation of scales the same result has not been obtained. The scarlatina tongue is characteristic long before it is a strawberry tongue. Isolation of school children should begin with those who show this tongue. To base the diagnosis upon a symptom-like eruption, which is inconstant, is an error. It should be based on the cycle of the throat and tongue alone. About the fifteenth day the tongue returns to normal; the evolutive cycle has ended. When the tongue and throat show the characteristic color and membrane for a longer time the disease remains contagious, being still a culture medium. Isolation should last only during this cycle.

Amaurosis in Pregnancy.—Himmelheber (Munch. med. Voch.) gives the history of a patient afflicted with chronic nephritis who became pregnant, and during the fifth month of pregnancy had an acute attack of nephritis during which, without warning, her sight failed and in a short time she was entirely blind. An abortion was immediately produced in the hope of saving the eye-sight, but this had no effect on the blindness, which remained permanent and complete. Had this been the result of nephritis, and albuminuric retinitis, it would have come with less suddenness, and recovery must have occurred. The retinal changes passed away, but the blindness remained. This shows that there was a cause for the blindness behind the retina, in the brain; else optic atrophy would not have been complete as was the case. In ordinary cases the retinitis results from increased pressure and edema of the nerve, just as edema results in other tissues. Albuminuric neuro-retinitis comes on slowly with gradual dimness of vision, not suddenly. Permanent blindness from uremia is unknown. Interruption of the pregnancy brings about a retrogression of all the symptoms. It is possible that an internal hydrocephalus may have caused pressure on the optic nerve atrophy.

Intravenous Anesthesia with Ether and Chloroform.—Burkhardt (Munch. Med. Wochensch.) recommends this method in cases in which general narcosis cannot be employed, but only under the use of the strictest asepsis. It will prove of special advantage: (1) In patients with an impaired respiratory and vascular apparatus, as well as in feeble, exhausted individuals,

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because it does not give rise to any primary irritation of the respiratory tract with resulting reflex disturbances of the respiration and heart. It does not affect the blood pressure, and practically obviates any overdosage of the anesthetic. (2) In operations upon the head and neck as a matter of convenience to the operator. (3) In patients with a decided idiosyncrasy or intense repugnance to ether or chloroform. A 5 per cent. solution of ether in sterile physiological salt solution is employed in the same manner as in ordinary intravenous saline infusion. Sufficient of the solution is introduced until anesthesia is induced; the infusion is then interrupted, but resumed as soon as sensibility begins to return, from 30 to 70 ccm. being sufficient to restore the anesthesia. In almost all patients over 15 years 5 to 10 minims of a solution of scopolamin hydrochloride 0.01, morphin sulphate 0.15, and water 10.0 were administered subcutaneously one hour before operation. In intravenous ether-chloroform anesthesia a 5 or 7 per cent. solution of ether and a one-half of one per cent. of chloroform in saline solution were separately prepared. A cannula with attachment for two tubes was employed, so that both solutions could be introduced simultaneously or alternated with each other.

The Dechlorination Treatment of Dropsy.—Boyd (Scottish Medical Journal) calls attention to the value of the dechlorination treatment of dropsy—a method which we owe to the French and which has had little vogue in England. Widal pointed out that in renal disease, when sodium chloride accumulates in the body, œdema results and albuminuria increases. On the other hand, when sodium chloride is withheld from diet the albuminuria diminishes and the œdema may disappear. He relates the following striking example of the value of this treatment: A man, aged 57 years, was admitted to the hospital with swelling of the legs, abdomen and hand. For twenty-five years he had suffered from attacks of bronchitis every winter. Ten years before admission he first noticed swelling of the ankles. In the last four years he had suffered from frequent attacks of dyspnoea and had seldom been free from œdema of the legs. For three months he had been confined to bed. On admission there were bronchitis, general anasarca, ascites, considerable effusion into both pleural cavities and dilated heart The radial artery was thickened and the blood pressure was low. The urine was scanty and contained albu-

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Professor Dreser (*Berichte der Deutschen Gesell.*, Vol. 37, p. 3076), states: "In the matter of reducing temperature the anilides work better than the phenetides; but even in small doses they develop quite early the undesirable change of oxyhemoglobin into methahemoglobin, which appear as cyanosis. The phenetidin product, substituted with acetyl-salicylic acid (a-s-phen or thermol), proved inactive even in large doses (0.4 grams)"—where there was no temperature.

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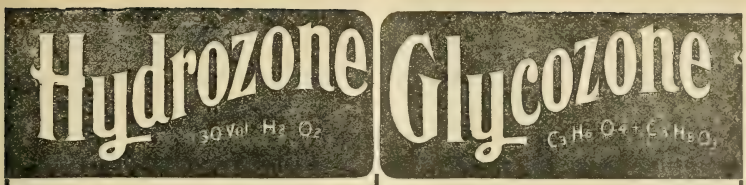
min, but no formed elements were found. A light diet and one and one-half pints of fluid were given in the twenty-four hours. During the next six days the œdema slightly increased and the arterial pressure rose. Then a salt-free diet, consisting of bread made without salt, meat, fish, and fowl, cooked without salt, and potatoes cooked without salt and eaten with fresh butter, was prescribed. The amount of fluid taken was kept at one and a half pints in the twenty-four hours. On the second day improvement began; the arterial pressure fell, and the quantity of urine more than doubled. Diuresis was maintained until all œdema had disappeared. The intake of chlorides on this diet was about two grains in twenty-four hours. There was an enormous excretion of chlorides which followed closely the excretion of water. The weight of the patient fell from 190 to 132 pounds, and in seventeen days he became free from the œdema which had lasted for years. Frequently, even in dropsy resulting from grave cardiac and renal disease, Dr. Boyd has seen œdema disapper on withdrawing salt from the diet when all other means failed.

Starch Digestion in Infants.—Cautley, in The London Medical Lancet, says that a diastasic ferment is secreted by the salivary glands and pancreas of new-born infants and even before birth. Its amount and activity are slight in the first few weeks of life and after that rapidly increase. The glands, notably the pancreas, can be trained by means of a starchy diet to the secretion of an increased amount of the amylolytic ferment. There is no inherent reason why this training should not be begun shortly after birth in the case of the bottle-fed infants instead of waiting until the child has attained the age of six months, as so commonly advised on purely theoretical grounds. Practical experience has shown that the usual barley water contains about 2 per cent. of starch. If mixed with an equal quantity of milk there will only be 1 per cent. of starch in the mixture. Such an amount is non injurious and almost certaidly is beneficial, for it encourages the growth of lactic acid bacilli and the formation of lactic acid. These organisms are of undoubted advantage in the prevention of the growth of proteolytic bacteria. If a starchy food is used in the first few weeks of life it is advisable to begin with a milk mixture which will not contain more than 0.5 per cent. of starch, and to gradually increase the amount as the child gets older. Indeed, at any age when a starchy food is first given it should be in very weak solution and slowly strengthened up to as much as 3 to 5 per cent. If the stools become very acid, or if they give a distinct starch reaction, the percentage of starch in the diet must be reduced. Special care must be paid to these considerations in the first two months of life because of the deficiency of salivary secretion. Further investigations may possibly show that this is a point of little importance as the pancreatic secretion may be sufficient in quantity and activity. The evil effects of starch in early life are due to (*a*) excess; (*b*) its administration in the form of a more or less insoluble emulsion instead of as soluble starch; and (*c*) the substitution of starch for the necessary protein, fat, and salts. In other words, the mischief results from deficiency of necessary proximate principles of diet rather than from the presence of starch.

Spasmodic Paralysis due to Hereditary Syphilis in the Child.—Marfan (Presse med.) mentions a case of hereditary syphilis in which the manifestations began some years after the birth of the child and ended in a spastic paraplegia of the lower extremities. He has seen several similar cases, and considers this a picture which is characteristic of this affection alone. It consists of paraplegia, with spasm of the muscles of the lower extremities. This spasm is absent when the child is quiet, but the reflexes are much exaggerated. There are no sensory symptoms, and no trouble with the bladder or rectum. Argyll-Robertson pupils are present, combined with some lessening of the intelligence. When the patient walks the toes are dragged because of the spasm of the muscles, which prevents the action of the knee- and ankle-joints. The thigh approach one another and the knees touch. There is ankle clonus. Electrical examination of the muscles shows exaggeration of the faradic contraction with the normal galvanic reaction. A spastic paralysis is always the result of an affection of the spine or brain. This is not of cerebral origin because a spastic cerebral paraplegia occurs only in Little's disease which begins at birth, while this form begins some years after birth. Little's paralysis results from meningo-ceebral hemorrhage resulting from a severe labor. This lesion results from a chronic myelitis of slow and progressive revolution. The patent in question developed a parenchymaitous keratitis. This type of lesion is unique both clinically and anatomically, and results from hereditary syphilis. In this disease there is a primary affection of the blood-vessels and the connective tissue, and a secondary affection of the nervous elements. This disease exists in patches, and acts especially on the pyramidal tract. It begans late, from the fourth to the seventh



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year, insidiously, progressing slowly and involving especially the legs, and is accompanied by mental degeneration. Examination of the eyes for Argyll-Robertson pupil is important. The author had hoped to get good results from the employment of antisyphilitic treatment, but was disappointed, a long course of treatment having in no way improved the condition of the patient.

Appendicitis and Maladies of the Adnexa.—Segond (Ann. de gyn. et d'obst.) makes the statement that appendicitis is frequently coexistent with phlegmasias and tumors of the adnexa, and with pregnancy and the puerperal state. Aside from those instances in which the coexistence of the lesions is a coincidence, there are many cases in which there is a relation of cause and effect between them. All these organs may be inclosed in a single mass of suppuration and inflammation in acute cases; in chronic cases all degrees of lesions are seen from simple fibrous bands connecting them to masses of sclerosis including appendix, adnexa, and uterus in a block of adhesions. Appendiculo-adnexitis may complicate normal or extrauterine pregnancy. The first reason for these conditions is in the close relations of position of these organs. The communication occurs through the peritoneum itself. False membranes are formed extending from the adnexa, which capture the appendix, inclose it, and produce a peri-appendicitis first, and then a typical appendicitis. On the other hand, the condition may begin with the appendix, and the same false membranes may grasp the adnexa and cause a perisalpingitis. The differential diagnosis is here very difficult. In acute conditions an error is particularly grave because it may result in operation on an acutely suppurating salpingitis which should have been allowed to wait until the inflammation had subsided; or it may cause delay of operation in a toxi-infectious appendicitis until it is too late to save the patient. Our best guide is palpation. Frankel's sign consists in taking the uterus between two fingers and moving it from side to side. If now there is pain in the region of the adnexa there is an involvement of these organs. If there is no pain there is probably an appendicitis. We must study the location of the pain, its irradiations, and its effect on menstruation, the intensity of the gastrointestinal symptoms, the degree of temperature, and the expression of the face. Pain high up is in favor of involvement of the appendix; low down, of the adnexa. A question of importance in such cases is whether to make a median or a lateral incision.

A lateral incision is found to be too small if it becomes necessary to remove the adnexa, while a median incision is unnecessarily large for removal of an appendix alone. But both of these conditions may coexist. Appendicitis of adnexal origin has a slow course; a gonorrheal infection has begun the trouble; there is a plastic or suppurative pelviperitonitis situated low down in the pelvis, involving Douglas' culdesac; menstruation is painful; there is leukorrhea; signs of appendicial and adnexal troubles are combined. Retrodeviation of the uterus may be caused by adhesions left from an appendicitis, or a pelviperitonitis. Sterility may be caused by closure of the tube by adhesions left after appendicitis. We should not allow ourselves to be so hypnotized by McBurney's point as to do an appendectomy when we have only a typhlo-colitis, nephroptosis, or a simple appendix phobia. When an acute toxi-infectious appendicitis occurs in the course of pregnancy, extrauterine pregnancy, or with fibroma uteri or ovarian cyst, the diagnosis is especially obscure; but with grave symptoms, operation is indicated in all these conditions, and the diagnosis may be made after the abdomen has been opened. With fibromata the involvement of the appendix will contraindicate a vaginal hysterectomy. In all cases of suppuration the indication is to evacuate the pus. Every appendix should be carefully examined when it is encountered in the course of a laparotomy for whatever cause, and removed when involved.

Wassermann Reaction in Different Periods of Syphilis.—Minassian and Viana (Folia Ginicologia) experimented on the application of the Wassermann reaction in sixty individuals having syphilis in various stages, with positive reactions in many cases. In the primary period it was positive in 25 to 30; in the secondary period it reached 86 to 87 per cent. of positive reactions; in the tertiary period 83 to 84 per cent. were positive. Its value is less in the primary stage than in the later periods of the disease. It specific action was shown in many cases, and in some it was the only element in the diagnosis. As antigen the re-extract of syphilitic liver is most valuable, its results are more constant than that of the other tissues. The syphilitic antibodies were found in the milk, amniotic fluid, pemphigus bullæ, and the fluid of syphilitic hydrocele. The mercurial treatment did not sensibly influence the presence of this reaction. In non-syphilitic individuals the search for antibodies always yielded negative results. The presence of the Wassermann reaction makes the diagnosis of syphilis positive, but its absence is not a proof of the non-existence of the disease.

Of the diseases coming within the daily experience of the general practitioner, none presents features of more unusual interest or farther reaching consequence than those marked by what might be termed a "blood taint." Such diseases hold the physician's attention not alone by reason of the interesting phenomena which owe their origin to the impaired nutritional powers of a tainted blood stream, but also to the immediate and remote gravity of the disease process, in most instances of a progressive type.

Syphilis easily heads the list of "taint diseases" and to it may be attributed a fairly large share of the world's woes. The facility with which syphilis is transmitted gives it a far wider distribution than other disorders partaking of similar characteristics, and, in consequence of this feature, physicians, in general, more promptly recognize its manifestations. Also, in view of its destructive tendencies when unskillfully treated, they are more keenly apprehensive of its course and outcome.

High up among the great humanitarian works of the future will be found that devoted to the prevention of this disease. The patient endeavors of Metchnikoff and his associates, blazing the way to the goal of positive prevention of syphilis, will entitle these tireless investigators to honors no less exalted than those accorded Jenner. But the prevention of syphilis is too great a problem for the unaided general practitioner to solve and then, too, more urgent problems face him, and of these none is of greater importance than the successful management of syphilis.

The eradication of syphilis from the tissues of the human body will lie in the mighty potency of mercury and iodine. Were the cleansing influences of these two drugs unavailable to the luetic patient, he, truly, would be as pitiable an object as the leper, against whose affliction the forces of drugs are as nothing. Mercury and iodine with vegetable alteratives are the only dependable prescriptions, and modern pharmacy has devised no better means of utilizing these anti-syphilitics than Tilden's Elixir Iodo-Bromide of Calcium Comp., with or without mercury. In this elixir the drugs under discussion are incorporated and associated with synergists from the vegetable or botanical kingdom, Sarsaparilla, Stillingia, Prickly Ash, Burdock, Taraxacum, etc., in such form that the elixir, in proper dosage, acts in specific fashion and is adapted for use in all stages of the disease.

To facilitate easy childbirth some physicians prescribe sanmetto, beginning about six weeks before confinement, with good results in every case,

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Rationale of Traumatic Nephritis with Report of a Case.

By A. J. Crowell, M. D., President of the Mecklenburg County Medical Society, in charge of the Department of Genito-Urinary and Rectal Surgery in the Charlotte Sanitorium, and Professor of same in the North Carolina Medical College, Charlotte, N. C.

Whatever is said about traumatic nephritis at present must be said with some caution and with the right reserved to change our opinion with advanced knowledge, since the toxic constituents of the blood necessary to produce nephritis cannot be regarded as settled, and necessarily the whole subject is somewhat speculative. Very little light has been thrown on its etiology by experimental methods. Even less is known about the cause of chronic nephritis, and the experimental results in its production are most inconstant and difficult. Still, so far as results have been obtained, they suggest that in many cases chronic lesions in man result from continued action of small amounts of toxic substances, but throw no light on the cause of the appearance of these substances.

To enable us to study pathological conditions of the kidney intelligently, it is essential that we should know its anatomy, histology and physiological function. It is the interference with its physiological function to which our attention will be directed in this paper, and I shall speak more especially of this, with report of a case which came under my observation.

The kidney is both a secretory and excretory organ. Secretory in that it has to do with the production of an internal secretion, the nature of which is as yet unknown. Excretory in that it is the most important organ in the body which is concerned in the extraction of waste products from the blood and in their elimination from the organism.

The destruction of kidney tissue has more to do with its internal secretion which is carried into the blood, and this paper with the excretion of the waste products of the body eliminated by the kidney, and I shall speak more fully of this.

In the performance of the excretory function, the kidney serves in a double capacity; (1) as a filter through which the watery constituents, inorganic salts and probably some of the organic substances of the urine are passed from the blood, under the laws governing osmosis, and (2) in some measure, at least, as a secreting organ by which certain of the urinary constituents are selected from the blood, modified and eliminated. The first of these factors is represented principally by the walls of the blood vessels of the glomeruli and the second by the epithelial cells of the renal convoluted tubules.

The books tell us that the epithelial cells of the renal tubules are the only elements in the body which have the power to separate sugar from the drug phloridzin. The results of Domenici's experiments would seem to disprove this theory. He found a certain amount of sugar in the blood and in the urine of dogs after the administration of a known dose of phloridzin. The kidneys were removed, the test repeated, and a larger quantity of sugar was found in the blood. This shows that the drug has the power to produce a condition of the blood known as hyperglykæmia,—an excess of glucose in the blood. The great diminution or entire failure of glucose elimination when the kidneys are seriously diseased and their power to eliminate glucose when they are not diseased; the tendency of diabetics to become nephritics and the rapidity with which health gives way after it sets in are proofs, 1st, that organic substances are eliminated by a selective or secretory action of the tubular cells and, 2nd, that these cells are destroyed when overworked or unduly irritated by toxins. The power of the kidney to prevent the passage of more than traces of sugar from the blood into the urine is limited and glycosuria is caused either by a diminution of this power or by an increase of sugar in the blood. All the non-toxic glycosurias are the consequence of hyperglykæmia.

About 85% of the toxic constituents of the urine are the inorganic salts and are excreted through the glomeruli by a process of osmosis,—a vascular function. The remaining 15% are the organic salts and far more toxic. These salts, of which urea and uric acid are the principal ones, are selected from the blood and eliminated by the tubular cells,—a renal function. There are good reasons for suspecting that the inorganic constituents of the urine are not only in part neutralized by the organic, but also in part by each other. At least it has been repeatedly found that the ash of urine is decidedly more toxic than the whole urine. Since the inorganic salts are eliminated by osmosis and the organic by cellular activity anything interfering with the normal activity of either of these functions results in an accumulation of one of these toxic products

in the blood. For instance, the osmotic power of the glomeruli may be reduced or inhibited by congestion or inflammation, the elimination of the inorganic salts are reduced and their power to neutralize the toxicity of the organic salts lessened, and vice versa.

Dr. Henry C. Christian, of Boston, concludes, from his studies of recent experimental nephritis, that anatomic lesions might lead to the production of functional disturbances in the kidney, resulting in the retention or formation of toxic substances and produce renal as well as vascular lesions. An anatomic lesion or traumatism sufficient to produce continuous hemorrhage for six weeks or two months will result in the retention or formation of toxic substances of itself sufficient to produce nephritis, to say nothing of the injury done the tubular cells by the traumatism.

The normal osmotic power of the glomeruli is readily restored to normal as the blood vessels are repaired following injury or inflammation. This is shown by a return to the secretion of normal amounts of the watery constituents and inorganic salts. Such is not the case when the tubular cells are destroyed, but their power to select from the blood and excrete the organic salts are permanently diminished or lost. This want of nitrogenous elimination necessarily leaves the blood in a toxic condition. The poison interferes with cell nutrition and prevents reproduction. But they have little tendency to reproduce themselves under the most healthful condition of the blood. This is the explanation of the tendency of Bright's disease to grow worse.

Death from anuria and uræmia are two distinct things. While the inorganic salts are the most important constituents of the urine, their retention in the blood cannot be regarded as the cause of uræmia, but the retention of organic and the elimination of the inorganic salts will cause uræmia. In chronic nephritis the tubular cells are destroyed and nitrogenous elimination impaired. The function of the glomeruli usually is not interfered with and the neutralizing power of these salts are inhibited or lost, resulting in uræmia.

The case I wish to report is as follows:

M. N. C.; age 22; occupation R. R. flagman; family history negative; past history, no venereal disease or sickness of any kind sufficiently grave to consult a physician since childhood until the time of the accident in which he was injured, Jan. 7, 1909. This injury was sustained in a wreck caused by the giving away of a railroad trestle while the train was moving at the rate of twenty miles per hour. The cab in which he was sitting turned over and rolled down an embankment about twenty feet high. The patient was thrown violently across a window sill and a large tool box weighing something like two hundred pounds fell across his abdomen, under which he lay unconscious until removed by the crew sometime afterward. There were a number of flesh wounds sustained about the head but no fractured bones. The weather was extremely cold but the patient was protected as best possible with garments at their command and removed to a hotel at a nearby town, at which place he remained until the following day, then to a hospital in another town.

The accident occurred at 5:30 p. m. on the seventh. The patient was catheterized at eleven on the morning of the eighth, having voided no urine during this time. About thirty ounces of bloody urine was withdrawn. The patient remained unconscious for four or five days, during which time he was catheterized regularly and blood was abundant in the urine during this time. He came to my office February 12th complaining of double vision and pain in the back. An oculist was consulted and his vision found perfect, with no retinits or other ocular manifestations of Bright's disease. At this time his reflexes were very much exaggerated and the double vision was attributed to some incoordination of the ocular muscles resulting from concussion. Tenderness in the region of the right kidney was very marked, so great that but little information was obtained by palpation.

Urinalysis revealed the presence of red blood corpuscles in great quantities, a few pus cells only, albumen in abundance with plenty of large and small epithelial and blood casts. On subsequent examination it was discovered that the right kidney had been displaced. It would drop down four inches from its normal position when in the erect posture and very tender to pressure, but would fall back in its normal location on reclining. Subsequent urinalysis showed a gradual increase in the granular casts. At present he has but few blood cells, no blood casts, an occasional pus cell, a marked amount of albumen,—which is gradually increasing in quantity,—large and small granular and a few epithelial tube casts.

The blood in the urine was so marked for two or three months after the accident that it could readily be seen oozing from the right ureter with the ordinary observation cystoscope. After its disappearance the ureters were catheterized, the urine examined and found the kidneys were equally affected. For three or four months after the injury the quantity of urine was very much diminished, ranging from twelve to

eighteen ounces per day. At present the quantity is about normal.

I am firmly of the opinion that only one kidney was injured in the accident. The opposite one became affected as a result of improper elimination but will never know positively as to this, having failed to catheterize the ureters and examine the urine from each kidney when the patient first came under my care—a mistake I shall never again make and one I very much regret.

In looking up the literature on this subject we find little has been said about it in the journals and nothing in the text books until recently, but I think the pathological condition most easily brought about by traumatism.

It is true the urine in the above mentioned case had not been examined for five or six months previous to the accident at which time an examination was made by a very competent physician and the patient secured life insurance. He had not been unwell a day from that time until the day of the accident.

Traumatic nephritis, of course, is of rare occurrence, but I suspect that we have had more cases than we have recognized and that in the future continued hematuria following traumatism will be looked upon more seriously and acted upon more intelligently. Should the traumatism be unilateral its early recognition and interception by nephrectomy would prevent its becoming bilateral since unilateral nephritis is practically never seen, or at least if it starts out as such winds up as bilateral.

Pellagra*

By Dr. F. T. Merriwether, Asheville, N. C.

Pellagra is a more or less chronic disease of the Cerebro-Spinal Nervous System, due most probably to a continued intoxication from eating diseased Maize or Indian corn and characterized by disturbances of the Gastro-Intestinal System, Cutaneous Lesions, and Nervous and Mental Symptoms. It recurs in the spring and usually subsides in October, though some cases show a fall exacerbation. It has been known and described under this or other names for many years, but was first described, and so-called in 1771, though Casal of Spain described a similar disease in 1735 calling it Mal-da-la-rosa. A probability is that a poisonous substance is produced in corn by the growth there on of certain Parasites or Fungi, and that this poison taken into the system of persons probably predisposed to the diseuse, produces the disease. Postmortem seems to show that the Pyramidal Tract is almost always in a state of degeneration and the columns of Goll and the posterior columns are sclerosed.

In 1600 two Italians, writing independently, described a disease among American Indians which was caused by eating spoiled Indian corn and which was evidently Pellagra.

It has been noted by many observers that the withdrawal of corn from the diet of early cases almost always results in an improvement of the case.

Etiology.—These fungi seem to produce two different poisons, one acting like strychnia, and the other like hemlock or conium.

As we eat corn products cooked it could not be caused by a germ in or on the corn for the heat would kill them, and it seems without a doubt that the causal relation between corn and the disease cannot be disputed. A case related to me by Dr. Watson, of Columbia, S. C., boy shown in photo is one. The boy's father, a miller, allowed his family to eat only corn meal ground from corn of his own raising. Neither he or his wife had the disease, but the three children would slip down to the mill and eat the corn brought in, much of it shipped in, and some of which was what he called black heart corn. I learn this is common for the children in the ueighborhood of mills to do.

These three children developed pellagra, two have died and the other (the boy shown in the photo) is going down hill fast.

It is thought by many now, that a large percentage of the numerous deaths occuring in the prisons during the late Civil War might have been pellagra, for the symptoms of many were typical. It is certain that it is most frequent in countries, and among people who eat largely of Indian corn, as in Italy where it is said 7% of the peasant class have it, and in Mexico where it is estimated that 10% of the peons are afflicted, and as every one eats corn in some shape or way, we cannot say that any of these patients have not eaten it. Wheat flour is in many cases adulterated with corn flour, and corn in the shape of hominy, grits, canned corn, corn starch, etc., enters into the dieatry of virtually every one. The corn of the North and West is usually cut green and in the wet seasons has to be gotten to market not dried. In the cars it can become heated, and fermented, and then is placed with the millers in a diseased condition. Mr. L., a special agent of the R. R., told me he himself knew of over 600 cars of spoiled corn to be in Nashville in the fall of 1907, which taken out of cars dried and mixed with good corn and shipped over the

*Read before the Buncombe County Medical Society, Nov., 1909.

south and east. This is only the observation of one man. Hogs fed upon this corn will die and chickens so fed will develop pellagra, (as is shown in the pictures). Ergot poisoning or lathyrismus is an allied disease. Why it develops in the spring, grows worse in the summer and usually subsides in the fall is very difficult of explanation. Heredity plays a part in predisposing to infection. Lombroso reports cases of pellagrin in whose children the stigmata of pellagra were noticed, in some cases skipping one or more generations. These children when taken young and placed in pellagrsarios could not be benefited or cured. The aspergillis fumigatus, and aspergillis flavescens occurs plentifully upon spoiled corn, or the common bread mould.

Possibly it may be a protozoon similar to the spriochæte of syphilis or that of sleeping sickness, and it is now held by Sambon, of London, that the corn is merely an intermediate host for the parasite, in the body after having been taken into the intestinal tract. One of the most mysterious conditions is why it occurs in certain localities, and in certain years the disease presents certain characteristics, such as delirium, dilated pupils, etc., when the next year, there are just the opposite. It seems to be not a question of diseases so much as individuals. A proverb in Venice says, Pellagra can give six ills, it draws one backward, bends one forward, gives one vertigo, makes one hungry, thirsty crazy, and very thin.

Eruption.—There are some characteristics about the eruption which makes it seem almost sure to be trophic, or due to the changes of the nervous system. It is always symmetrical, and it may be either wet or dry. It is usually confined to the back of the hands, and extensor surface of the forearms, and when desquamation takes place it almost always leaves a pigmeutation, which cannot be confounded with any other disease. Tramautism or pressure, particularly of the skin over the olecranon, trochanters, sacrum, and knees, will almost always cause the eruption. The parts of the face, and neck that are exposed to the sunlight, the feet and legs if bare, or any other parts of the body exposed will nearly always show the eruption. After the subsidence of the yearly attack, the discoloration often disappears, but the line of the demarcation is usually shown by a roughness of the skin along its edges. The shape of the eruption on the arms is usually peculiar in that if on the flexor surface it extends much farther on the radial side of the forearm than on the ulnar, forms a triangular base on the radius and apex on the ulnar. There has been some question as to what part the sun plays in this dermatitis, but quite a number of cases have been reported in which in suspected cases the eruption has been brought out in patients free from it by exposure to the sunlight.

Doctor Watson quoted cases to me of suspected cancers of the stomach, and uterus, and which diagnosis was made merely because on exposure to the sunlight afterwards an intense erythema was caused. Suspicion was aroused, the cases watched, and afterwards the characteristic symptoms appeared. The main characteristic is, symmetry in color. The wet form of eruption is likened to a burn of the first degree, and is usually on unexposed parts, the groin or axilla. In the case of Dr. Weavers, which I saw, the backs of the hands were cracked and fissured, with the epidermis exfoliating in large patches, the underlying skin being inflamed. In the case whose photo I show, Dr. Harris, while merely wrinkled, and showing a line of demarcation, a friend of his said yesterday that two months ago they looked like pieces of beef steak. The temperature is usually but little elevated, but in the so-called typhoid cases it may go to 108, (see case by Watson). Lambroso describes a typhus pellagrous case which has run an ordinary course for several years, and then an acute outbreak with convulsions, would occur with high temperature, and kidney complications, and finally death.

Alkaline urine is said to be of bad prognostic import. (Lombroso).

Nervous Symptoms.—Mental depression is always present in some degree. Watson expressed it by saying the "patients seem to have forgotten how to laugh." Irritability, and a disinclination to talk is almost constant, and towards the last stages, the patients will refuse to even answer questions. Delusions and hallucinations are common, and patients become actually insane. In Italy it is said 10% become permanently insane, and the probability is that the statistics when gathered here will show a like percentage. While loss of the reflexes may occur, most cases show a very marked increase. The slightest tap upon the knee will cause a pronounced patellar reflex. The case I saw yesterday, while improving mentally, has this very marked, the reflex being caused by the very slightest tap upon any part of the knee. Dilatation of the pupils, the right more than the left is common, though a contracted pupil is sometimes seen, and they react but slowly to light. Tenderness along the spine is very common, and can almost always be

elicted by pressure, not over the spinous processes, but to one side or the other where the nerves emerge. In the patient I saw of Dr. Watson's from South Carolina, this was marked, this boy walking stooped over, and he said this was very common in the cases he saw in Italy.

The gait in the cases I have seen are ataxic, though some authorities state that it is more of a paralytic or paralytic spastic gait. Unsteadiness is marked in all cases, and vertigo is always present. In the late stages nervousness and inability to walk develops and if some intervening disease does not carry the patient off, death is usually caused by inanition.

Digestive Orgaus.—The tongue is usually red and inflamed as is the entire buccal mucous membrane. This condition probably extends throughout the entire gastro-intestinal tract, and its acme occurs at the same time that the erythema is at its worst. The stomatitis is usually accompanied by a marked salivation with a very disagreeable odor, not so marked as in mercurial stomatitis.

The red tongue, which Sandwith calls a bald tongue has been named by Watson, as the "cardinal tongue', from its color.

In the negro a "stipple tongue" is often seen, a tongue with small black, or blue-black spots or papillae all over it. Hemorrhoids are common, and the vaginal mucous membrane is usually inflamed. Pyrosis is always present, and burning of the oesophagus and pit of the stomach is usually complained of

Diarrhœa is always present at some stage of the disease. though constipation may be present at times in the mild cases, but questioning will always elicit the history of diarrhœal attacks, particularly in the spring exacerbation. It is very obstinate and is very obstinate and is not usually affected by changes in diet or by opium. Usually the symptoms of the gastro-intestinal tract with the vertigo and muscular weakness are the first signs of the disease noticed, and these may recur for several years before the eruption is noticed. Loss of weight is marked, though after October, and during the winter remission, the weight may be temporarily increased, but not to the weight in health. In a case I have now under observation the symptoms of the disturbances of the stomach, and bowels have recurred for three years, but the only nervous phenomena, are the slightly dilated pupils, and the loss of memory and the sleepiness he feels during the spring and summer. This year this has been less marked, without treatment. The eruption has been only a scaly type of dermatitis on the back of the hand particular between the fingers. There is however a slight pigmentation of the entire back of the hands.

Treatment.—From the condition at post-mortem, it would seem that arsenic and the iodides would be indicated, but from what I can learn neither does much good. The similarity of the changes in the cord to those of locomotor ataxia would lead one to think that the iodides and mercury would cause improvement, but the stomach of these patients will not tolerate either in large doses.

I am trying on a mild case, but one whom I believe has had it for the past three years, injections of succiminide of mercury, but so far no improvement in the condition is noted. Symptomatic treatment is indicated of course. Hydrotherapy, tonics. good food, withdrawal of corn from the diet are all useful. One noticeable thing about the therapeutics of the disease is that opium does not control the diarrhœa like you would expect. This condition is more of a loss of control of the bowels, or rather a hyper-peristalsis, due to disturbances of the sympathetic system. The treatment of course of real importance is prophylaxis. As Vaughan expresses it "maize properly cooked, is not only a safe but a valuable food, and the existence of such a disease as pellagra is not only a national calamity but a national disgrace. If communities be so poor that they must live on decomposed food, the state should relieve their poverty; if they be so ignorant that they poison themselves, the state should instruct them, and protect them. The government should superintend the harvesting, storing, grinding and if need be the baking."

If our percentage of insane is the same as that of Italy, 10%, each insane case represents 10 non-insane, and as most of the cases discovered would probably be classed as insane, the total number of cases must run up in the thousands.

About 6000 cases are said to be the number now, but physicians in South Carolina estimate that there are as many more in that state alone.

In good seasons corn is so plentiful that no care is taken to cure it properly, in poor seasons they have to use the rotten corn to live.

Report of Operations.*

By Benj. Brabson Cates, M.D., Knoxville, Tenn.

At my clinics at the hospital of the Tennessee Medicel College there were 201 operations on 150 patients; 113 patients had each one operation; 27 patients had two

*Read at the meeting of the East Tennessee Medical Association held at Greenville, Tennessee, Sept. 23, 1909.

operations each at the same time; two patients had each four operations at the same sitting; four patients had each five operations at the same sitting, and one patient had six operations at the same seance.

Of these 216 operations taken as they came without selection there were 15 deaths, five improvements and two unimproved.

Of these unfortunates three were in extremis following acute obstruction of the bowels, but owing to importunities of patients' friends and the family physician, I consented to operate against my better judgment. One had obstruction of bowels following operation for appendicitis; one had perforation of stomach from cancer; one had septic spinal meningitis when operated on; one died of apoplexy; one died of embolism; one had syringo-myelocele of the cervico-occipital organs and died when I attempted to push back the upper portion of the cord into the spinal canal; one patient died suddenly when closing up the belly; one died of exhaustion following paralysis from gunshot injury to the cord; one died of septic peritonitis following giving way of sutures for fecal fistula; one died of shock of operation; one died of exhaustion following uncontrollable diarrhœa, and one had septic peritonitis when I operated and died in spite of operation.

Head.—There were three cases of head injury requiring trephining; one for penetrating gunshot injury; one for necrosis of the calvarium, and one for symptoms of compression following a lick on the head. No mortality. Result good.

Face.—There were five operations on the face. One was for three suspicious sarcomatous growths situated one at the inner canthus of right eye, one below left eye and one above right angle of mouth.

One was for dermoid of right upper lid; one was for carcinoma of left parotid gland with excision, and one was for epithelioma of lower lip. One was for necrosis of lower jaw (cured) and one was for antrum disease.

There were four cures and one improved.

Thorax.—There were four operations upon the thorax. Three were empyema, one of the right side and two of the left side following grip and pneumonia, treated by resection of ribs and drainage. Two were cured; one was improved for six weeks but subsequently died. One was for hydrothorax on right side, treated by resecting rib and packing, and is apparently cured.

Breast.—There were six Halstead operations for cancer of the breast; two on the right side and four on the left side. The ages of the patients varied from forty to fifty-two. While the time since operations on these patients is too short to make any positive deduction, five have been apparently cured; one lived six months and died with symptoms of tumor of the brain, no doubt owing to metastasis.

GASTRO-INTESTINAL.

Stomach.—There were two cases of cancer of the stomach treated by operation.

One patient who had vomited on three separate occasions large quantities of blood was thought to have ulcer of the stomach (strange to say physical examination did not show tumor). Operation revealed an enormous fungous mass of nearly the entire body of the stomach. Resection was out of the question, so, thinking to prolong his life, I did a posterior no loop gastro-enterostomy with sutures by the Moynihan method, then bringing the omentum up over the most prominent part of the tumor stitched it there. The patient lived 14 days. Post mortem examination ,howed the line of sutures in perfect condition, but the tumor had ulcerated through and allowed the contents of the stomach to escape into the abdominal cavity.

Gastrectomy —The second case was adenocarcinoma of the pylorus. I did a Billroth No. 2 and posterior no loop gastro-enterostomy with sutures by the Mayo method. The patient has been apparently well for seven months.

Gall Bladder.—There were two cases of gall stones, both of long standing and both in white women. One gave a history of repeated attacks for nearly twenty years. The last attack had lasted for several weeks with symptoms of sepsis. Operation showed adhesions of omentum and stomach around the gall bladder. In breaking up the adhesions a quantity of fetid pus escaped. The gall bladder was adherent to the posterior wall of the stomach. On breaking up the adhesions between the stomach and gall bladder, an opening was found in the stomach, evidently the seat of an old ulcer. This was repaired. Seven large stones were removed from the bladder and common duct and the bladder drained. The patient died.

The second case was opened and drained and made a good recovery.

Omental.—There was one case of tuberculosis of the omentum, with ascites. The omentum was removed. The patient recovered from the operation, was markedly improved for a time, but subsequently went into decline and died in about a year after the operation.

Intestinal.—There was one operation for intestinal fistula followed by death owing to giving away of the sutures and spoken of above. There was, owing to gangrene, one resection of 6 to 8 inches of the bowel and end to end anastomosis by Kocher-

Moynihan suture method. Recovered.

Appendix.—There were 23 operations for appendicitis, varying in age from 4 to 62. There were 15 operations for chronic appendicitis without a death.

There were 8 operations for appendiceal abscess with two deaths. The cause of death in one case, that of a child six years of age, was obstruction of the bowels following the operation. I recognized the trouble, told the parents my opinion and begged for another operation. The father of the child would not give his consent and I was obliged to go through the heart breaking ordeal of seeing a young life ebb away when I believe it could have been saved by operation.

The second death was that of a man 62 years of age, broken in health, with fibroid heart, atheromatous arteries, granular kidneys, and a history of colic and chronic diarrhœa extending over thirty years. The pathological conditions were something fierce. Adhesions of the bowels and omentum were all around the cecum and the cecum was adherent to the belly wall. It was like hunting for a needle in a hay stack to find the appendix, which was up behind the cecum gangrenous and surrounded by a puddle of pus. The operation consumed over an hour. Notwithstanding this the patient rallied, did well for several days, was taking nourishment and using the head rest, when he had a recrudescence of the diarrhœa and died of exhaustion.

Of the abscess cases that recovered one had adhesion of the cecum to the belly wall and on breaking up the adhesions I tore a hole in the cecum as large as my thumb. This I repaired with two rows of silk sutures, placed a cigarette and iodoform gauze drain at the lower angle of the wound. On the ninth day he had a profuse hemorrhage which was controlled by opening the wound and packing with gauze. Otherwise his convalescence, while prolonged was uneventful.

Rectum.—There were three cases of internal hemorrhoids complicated with ulcer. These were treated by excision and sutured with cat gut.

Genito-Urinary.—There were three cases of floating kidney on the right side—all in women. One was operated by the Edebohl's suture method; two by the Edebohl's-Senn meth. The end result was good in all. There was no mortality in this series.

Peri-Nephritic Abscess.—There were two cases of peri-nephritic abscess treated by incision and drainage. Both were on the right side. One was in a young girl fifteen years of age; one was in a young man 20 years of age. Both recovered without complication and with good result.

Prostate.—There was one case of prostatectomy operated by the Fenwick-Freyer method. This patient was quite septic before I saw him owing to retention of urine and a false passage made by ineffectual efforts of his attending physician to pass a sound. I drained him by suprapubic cystotomy till the septic symptoms subsided before operating. He did fairly well for eight days and gave us hopes of his recovery, but suddenly took worse and died on the ninth day with symptoms of uremia. I suspected he had surgical kidney.

Urethral.—There was one case of rupture of the urethra with retention and perineal fistula in a miner who had been caught between the bumpers of coal cars and had his pelvis mashed. He was treated by perineal incision and retrograde catheterization through the suprapubic incision. The patient recovered with good results.

Penis.—There was one case of amputation of the penis in a man 62 years of age who had cancer of the glans penis and two peri-urethral fistulæ with sloughing of the penis. The urethra was brought through a stab wound in the perineum in front of the anus. Result good.

Bladder.—There were two cases of suprapubic cystotomy with drainage.

Hydrocele.—There were five operations for hydrocele in four patients. One patient had double hydrocele and three patients had the hydrocele on the left side. I operated by incision and turning out the sac in all cases except one with an enormous tumor. In this case I dissected out the sac. There was a good result in all cases.

Castration.—There was one case of tuberculosis of the left testicle of several years' standing treated by excision of the testicle and vas deferens beyond the internal abdominal ring. Result improved.

Varicocele.—There were four cases of varicocele of left side treated by the open method and resection of the varicose veins. Result good.

Hysterectomy.—There were eighteen cases of hysterectomy. There were nine operations for fibroid with three deaths. Of these one was pregnant five months and was having sepsis and hemorrhage. I did a Cæsarian section followed by a Porro. The patient made a good recovery; one died of embolism on the eighth day. She had never had a bad symptom from the day of the operation: the stitches had been removed, she was on a soft diet, was using the head rest and laughing and talking with the nurses when, without any warning, she suddenly turned on her side and died. I was shocked beyond measure when the nurse telephoned me, because less than an hour before I had congratulated her on her convalescence, and

promised that she should go home in two more days.

One very large patient with a very large fibroid which was removed with considerable difficulty died on the fourth day of apoplexy. She had had a previous stroke and was unable to move her left limbs, and could speak with great difficulty after she came from under ether; one patient stood the operation in a first class manner and lost very little blood, when as I was getting ready to close the belly and everything seemed serene, heart failed and we could do nothing to start it up again.

There were six hysterectomies for cancer of the uterus. All recovered from the operations ann returned home. One died in about a year; one had recurrence in about a month. The others have had no recurrence.

There were two hysterectomies for septic conditions. Both recovered.

There was one hysterectomy for hemorrhage extending over two years. She died from symptoms of uremia.

Round Ligaments.—There were seven cases of prolapse of the uterus treated by shortening the round ligaments through an opening in the belly. They recovered with good end results.

Perineorraphy.—There were six cases of perineorraphy. Five had the Emmet operation. One of eighteen years standing, with laceration of the sphincter ani and recto-vaginal septum to within an inch of the cervix, was operated by the Emmet-Ristine method. She had a splendid result.

Pus Tubes.—There were five operations for pus tubes on four patients, with removal of corresponding ovaries—four whites and one negress. The pus tubes were on both sides in the negress. In the white women twice on the left side and once on the right side. The belly was closed up in the white women and drained in the case of the negress. Result good.

Ovariotomy with removal of tubes was done once on the right side and once on the left side. Oopharectomy with removal of tubes was done twice on the right side and once on the left side.

Hernia.—There were five operations for the radical cure of hernia in four patients with one death.

One patient had double inguinal hernia of long standing. On the left side it was quite a large size opening and was closed by the Bloodgood method. On the right side there was no particular difficulty. The operation was easily done by the McEwen method. The McEwen-Bloodgood operation was done once, the McEwen done once, the Andrews-McEwen done twice.

The patient with the double inguinal hernia died of shock. He never rallied from the operation.

There was one case of strangulated femoral hernia with gangrene of the bowel for which resection was done and which has been reported above. The patient made a good recovery.

Cerebro-Spinal.—There was one gun shot wound of the cord in the lower dorsal region followed by paralysis of all the parts below the injury. A laminectomy was done with negligable results. The ball had completely divided the cord. The patient died of sepsis and exhaustion.

There were five cases of spina bifida. Three cases were in the occipito-cervical region, one in the dorso lumbar; and one in the sacral region was reported to this society two years ago and is still alive and thriving. There were three cures and two deaths. The age of oldest was ten months, youngest one month.

Two of the cures following operations in the occipito-cervical region were in sister and brother. I operated first on the little girl, three months old. Eighteen months later I operated on her little brother, one month. Result good.

Of the two fatal cases, one was in the occipito-cervical region and one was a syringo-myelocele. On attempting to push back into the canal what I thought was the medulla the child died. The second death occurred on the 14th day following the operation in dorso-lumbar region and was no doubt due to infection, because the contents of the sac had been oozing out for several days before the operation.

Bone Cases.—There were eight cases of necrosis of bone due to suppurative osteomyelitis in seven patients. The youngest was five years old, the oldest was thirty and had been troubled since he was ten years of age.

The seat of the disease was in the lower end of the femur in four cases, right tibia in one, left humerus in one, right shaft of femur in one and left femur in one; in two cases on the right side; in two cases on the left side; once the right shaft was involved and in Ollier's disease the left shaft with suppurative arthritis of right ankle, and one in lower and inner side of humerus, with right sacro-iliac suppuration. All the patients made good recoveries of all the diseased foci except patient with right sacro-iliac disease. This was curetted and treated with Carl Beck's paste. No improvement.

There were four cases of tuberculosis of bones. The seat of the disease was in left clavicle in one, with removal; cured. One patient had 2nd, 3rd and 4th left ribs removed; one had 5th, 6th, 7th and 8th ribs

on left side removed. The rib patients required each three seances. One was cured and one was markedly improved.

One patient, a negress, had tuberculosis of left elbow, for which I removed the lower end of the humerus and the head and neck of the radius. Improved. Has a useful arm.

Amputations.—There were five amputations on four patients. One old man near 72 years of age whose left forearm I amputated for suppurative necrosis of bones, hand and wrist, followed felon on middle finger; one a young man of 18 for osteosarcoma of left knee had his thigh amputated at junction of middle upper third; one a negro man had right shoulder joint amputation for gangrene following a gun shot wound of the brachial artery; one case of amputation of right leg above the ankle for suppuration of the ankle and foot following a compound luxation; owing to a painful ulcer in the scar, there was a second amputation at upper third of leg a year later. Result good.

There was no mortality following the amputations and the end results were good except in the case of the young man with sarcoma. He improved for several months but subsequently died in about fifteen months from metastasis. I advised a hip joint amputation, and begged the patient, his father and his physician to submit to hip joint amputation, but to no avail. Possibly it would not have done any more good.

Ununited Fracture.—There were six operations for ununited fracture ranging in age from 42 to 50. The seat of fracture was in the lower third of tibia in three cases; twice in right side, once in left, one patient had both bones of forearm broken, the upper third of radius and lower third of ulna, and one case of viscious union of head of metacarpal bone of right index finger.

The method of treatment was in the use of silver wire in one tibia, with improvement; catgut and the open method in another with cure, and in the third I converted it into a compound fracture, freshened the ends of the bones and let it fill up by granulation. Result good.

The arm case gave me considerable trouble and required two seances. In the first sitting the bones were cut down upon, the ends resected and the wounds closed. After six weeks the x-ray showed the bones overlapped. I then re-opened the old wounds, freshened the ends of the bones and allowed the wounds to granulate up. At the end of six weeks the x-ray showed the ends of the bones in opposition, but there was no hardening.

So I had a leather gauntlet made extending from the wrist to the elbow and which laced up like a shoe and told the patient to go on and use his arm. It was surprising what a useful arm he had.

In the case of the metacarpal bone I converted it into a compound fracture, trimmed up the bones and let it fill up by granulations. Result good.

Arthooroplasty.—There was one case of arthooroplasty in a lad who had ankylosis of the left elbow due to a dislocation. The flap turned in between the surfaces of the bone sloughed and the operation was a failure.

In addition to these operations there were the following minor cases:

Atresia of cervix, 1; atresia of vagina, 1; lipoma of left thigh, 1; dermoid cyst of left buttock, 1; ischio-rectal abscess, 2; fistula in ano, 1; dupytreus contraction of fingers, 1; removal of long salpheuous veins, 2; lacerated cervix (trachelorraphy), 15; retained secundines curettage, 15; club foot, 2; atresia penis, 1; circumcision, 10; ingrowing toe nails, 3; double upper lip, 1.

The Physician's Duty to Boards of Health.*

By W. S. Rankin, M.D., Raleigh, N. C.

Since boards of health represent the government in all matters pertaining to health, the relation of physicians to boards of health is identical with their professional relations to the government. To boards of health, as representatives of government, he is bound by reciprocity and mutual aims.

To boards of health the physician becomes bound by reciprocal ties when he is licensed, for, by this act the government imposes in him great confidence and confers upon him important rights and privileges. For example, consider the confidence bestowed and the privilege granted in confiding the medical license law to the administration of our profession. By this trust we become to a large extent the guardians of the most precious possession of our government,—the county, state, and national health. This is a sacred trust. Through the administration of the same law we become, more than any other factor, responsible for our own professional welfare. Still another bond of reciprocity is established through assistance rendered by boards of health to physicians. As the next paper will fully develop this phase of the relationship between these two, I shall be satisfied to simply mention it here.

By kindred ideals the physician and the board of health are as closely connected as Siamese twins. That boards of health are,

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in the last analysis, dependent upon physicians, and that the purpose of every true physician—the eradication of disease and human suffering—is impossible of accomplishment without boards of health is too apparent to justify argument. Each is a branch of a single trunk whose roots are ever burrowing deeper and deeper into Nature's bosom, drinking more and more of the water of life. Brothers by birth and destiny; one concerned chiefly with the single life, the other with the type; one interested more particularly in the "pound of cure;" the other in the "ounce of prevention."

On account of these reciprocal ties and professed mutual aims, the government as the agent of the people, has the right to require the physician, who gets both his pleasure and his living from the people, to comply with certain reasonable demands for the safeguarding of the public welfare. The absolute justice of such a requirement is at once manifest when we recall the fact that there is nothing to compel one to assume such obligations. No one is forced to become a physician. No physician is forced to practice under a government that requires anything of him, for there are many countries with governments that place no restrictions on the practice of medicine,—governments that do nothing for and require nothing of physicians. But, as above stated, the requirements of the government must be reasonable, and this raises the question as to what constitutes reasonable requirements. In the first place, any requirement made by the government of physicians, to be reasonable must be secondary to and by virtue of rights and privileges extended by the government to the physicians. The less a government does for physicians, the less right it has to make requirements of them; the more it does for them, the greater its right to make requirements of them, or, to use the words of The Great Physician, "To whom men have committed much, of him they will ask the more." Excessive requirements of governments from physicians puts a restriction on medical practice within the jurisdiction of such a government that is greatly detrimental to the public health. On the other hand, for a government to grant liberal rights and privileges to the medical profession within its jurisdiction, is one of the best possible ways for a government to safeguard its most important trust —the public health. In the second place, reasonable requirements made by the government of physicians are those absolutely necessary for the protection of the public and that are obtainable from no other source. The requirements made by the governments of physicians that come within this definition of reasonableness are:

(a) Report of contagious diseases.

(b) Report of births and deaths.

(c) Use of nitrate of silver in the eyes of the new born.

The importance to physicians and boards of health alike of these three requirements justifies, I think, my taking some risk of digression in order to develop and establish, if possible, a definite understanding in regard to them.

The report of contagious diseases to the proper health authorities by physicians is the first of three essentials in efficient quarantine, and this done, his obligations to the government in matters of quarantine are discharged. Being notified, it is then the duty of the government, and not the family physician, to see that the laws for protecting the people from a known danger are enforced. For physicians to go a step further and attempt to administer quarantine is a mistake, excusable only under conditions hereinafter mentioned. In the first place, for the physician to execute quarantine is an attempt to combine to naturally opposed duties—the duties of an officer of the law and the duties of a humanitarian. The physician, of all men, is a man of great sympathy and tenderness. His whole life, studies, observation, and experience tends to cultivate the sympathetic side of his nature. The officer of the law, a quarantine officer, should hold the scales of justice that balance individual rights against public weal even and steady. This is impossible for the majority of physicians, whose cultivated and strong sympathies will, as a rule, tip the scales towards the suffering and afflicted. In the second place, if power to quarantine is entrusted to every physician, an unscrupulous practitioner may easily take advantage of one who is conscientious in matters of quarantine. How easy, under such conditions, to satisfy an ignorant prejudice against quarantine and retain ill-gotten patronage at terrible cost to others! In the third place, for physicians to attempt to quarantine is to divide a responsibility that should remain undivided. Divide responsibility and you lighten it, you make it less effective. Concentrate responsibility, fix it on a few, one if possible, and its force is measured only by the quality of the conscience on which it rests.

This brings me to the consideration of the second essential in efficient quarantine, namely, a law that fixes responsibility for quarantine in any community or town upon a single individual. Such a law will carry adequate penalties for its enforcement. The exception to the above rule is quarantine in scattered populations. We have, in this exception, a natural condition that makes

it impossible for the small number of quarantine officers that the taxable property will support, to assume control of every case of contagious disease. Under such conditions it becomes necessary for the health officer to deputize physicians to assume these responsibilities and duties. In such an exigency let it be remembered that all the above objections to this practice are unavoidably operative.

A third essential to efficient quarantine is a plan of publicity whereby data, showing the responsibility of a health officer or physician for the spread of a contagious disease, will be collected, tabulated, and *published*. Such a plan, enforced, would educate the public as to the value of proper quarantine; would encourage the efficient officer to still better work, and, what is best, would reform or remove by adverse public opinion an inefficient officer. Quarantine concerns both the profession and the public, but it concerns the public most. To keep this matter almost entirely within the profession, as has been the practice, is to permit inefficiency with terrible cost of life. The public does not realize that in the United States every year there are, approximately, 25,000 lives lost from inefficient quarantine, while only 5,000 are lost from murder; that infringements of the quarantine law are five times as costly at present as infringements of the criminal law; that an inefficient health officer is a hundred fold more dangerous than a Jesse James. Nothing but the lime light of publicity will effectively enforce quarantine. A plan has recently been worked out, and an attempt to enforce it in North Carolina will be made. Whether we can make a success of it with our present appropriation or not, I do not know, but I feel sure that an appropriation of $5,000 back of such a plan would enforce it. If it did its value in lives saved, according to the figures given by Irving Fisher as to the value of the average life, it would approximate $1,000,000 per year.

The requirement of boards of health that physicians report deaths and births would certainly come within the meaning of the foregoing definition of reasonable requirements. The physician owes this duty not only to boards of health, but to his profession.

To the health officer vital statistics are what the chart and compass are to the mariner. Without them he knows not whence he came nor whither he goes.

By vital statistics he is warned against danger. A timely warning, an opportune application of the "ounce of prevention," and many lives are saved. For example, the vital statistics of a certain town shows that that town has twice the average death of other towns in which the same climatic conditions prevail. This fact, but for these statistics, would escape notice, for people die slowly, and neighbors without some comparative record, would regard their deaths as natural. An investigation follows the disclosure of these statistics, and the cause of this increased death rate is discovered. The cause is removed and proper precautions are taken to prevent its continued morbid effect and the loss of many lives is prevented.

By vital statistics the health officer's course—progressive or retrogressive—is both indicated and measured. Some measure of supposed sanitary value is put in operation. Its value will be measured almost wholly by the statistical returns. If it is without effect, the cost of operating it will be saved; if it is life-saving others may know and take advantage of it.

By vital statistics justice often finds her way clear and travels quickly, whereas, without them, with difficulty she creeps along, or looses altogether the indistinct trail of the murderer, abortionist, or suicide. Without them the child labor law is often administered by an unscrupulous and ignorant or cruel parent. No birth registration, no efficient child labor laws.

To our own profession we owe the duty of collecting vital statistics. They furnish the real test—the test of results—of the efficiency of our profession. It is through the collection of these statistics by those who could foresee their value and who did not begrudge a small service to future generations, that we can today produce conclusive evidence of the great advance of medicine. For example, by them we know that during the last century the average length of life for five European countries was increased 11.5 years; that since 1880 in parts of the registration area of the United States tuberculosis has decreased 49 per cent., typhoid fever 44 per cent., and diphtheria 80 per cent; that yellow fever has been all but eradicated; that a portion of the tropics placed under sanitary laws five years ago has had a decrease in its death rate in this short time from 65 to 25 per thousand, which amounts to the saving in that country of 4,860 lives annually; that the deeper significance of this last fact is the part that medicine is to take in the conquest of the tropics. Till the law, "Ye shall know them by their fruits" is repealed, the profession of medicine could have no better defense than the silent, unimpeachable evidence of vital statistics. Against this shield of truth the attack of such ephemeral doctrinairs as the osteopath, Christian Scientist, antivivisectionist, et cetera, are little more than amusing.

A last duty, a third duty, of physicians to the government is the use of nitrate of silver in the eyes of the new born. There are 20,000 needlessly and hopelessly blind children in the United States. Each child costs somebody $250 per year. All of them cost the country $5,000,000 per year. But think of the loss to the poor little victim! The world of light, color, the heavens, all gone; God's primal order countermanded by the weakness of the father and the omission of the physician. Seven million gonorrheal men and twenty thousand blind children should be a warning to every accoucher to make routine use of Credes remedy.

Hereditary Criminals—The One Sure Cure.*

By Charles V. Carrington, M. D., Richmond, Va.

Dr. Oliver Wendell Holmes, with that wonderful faculty of his for saying the right thing in a most forceful way, says "the best way to train a child is to begin with his grandfather." Herbert Spencer, one of the greatest philosophers and thinkers, says "that to be a good animal is the first requisite to success in life, and to be a nation of good animals is the first condition to national prosperity."

We may become a nation of good animals if we direct the same intelligence to the breeding of human beings that we do to the improvement of the breed of our domestic animals. The begetting of children is the highest of all human functions and carries consequences that beggar description. To a very great extent the child is molded before he is born. There is overwhelming evidence to show how greatly the welfare of the child depends on the general physical and emotional health of the parents, and that the child's fate may be determined by some physical or mental weakness, or some emotional trouble at conception, or during pregnancy. In from fifty to sixty-five per cent. of the inmates of our insane asylums we have the authentic history of hereditary insanity. The same enormous per cent. along hereditary lines applies when we examine the antecedents of our idiots, imbeciles and degenerates.

Not all crime is a direct result of heredity. Environment is a powerful factor to be considered. The potency of heredity as a factor is often questioned by the laity, who contend with much force, that environment is everything. But "atavism" or the tendency of nature "to return to type" that tendency that causes the once cultivated grass plats to return to broom sedge if left alone for a period of years, has come to be recognized generally by scientists as the most potent causal factor in crime—"the sins of the fathers shall be visited upon the children unto the third and fourth generation,"—a fearful proposition, isn't it? God be thanked that our forbears were healthy and clean, mentally and physically, and make us clean, mentally and physically, so that our descendants to the third and fourth generation may rise up and call us blessed.

People who have given, and are now giving, earnest thought and prayerful effort to the reformative side of the criminal problem, because they realize that in the past, and in the very near past, too, that the punitive side has been too long to the front, and that much that was harsh and brutalizing in the treatment of criminals should never have been tolerated in a civilized world, are facing the fact, and are not attempting to dodge either, that crime, degeneracy and vagabondage, are surely on the increase in the United States. It is interesting, to say the least, to go over the following table of figures showing the ratio of criminals, just criminals, not the insane or the inmates of almshouses, but the inmates of the prisons of the United States. This table is from the census reports of the whole country.

In 1850 there were 6,737 prisoners, the ratio to population being 1 in 3,442; in 1860 there were 19,086 prisoners, the ratio to population being 1 in 1,647; in 1870 there were 32,901 prisoners, the ratio to population being 1 in 1,171; in 1880 there were 58,609 prisoners, the ratio to population being 1 in 855; in 1890 there were 82,329 prisoners, the ratio to population being 1 in 757; in 1900 there were 133,280 prisoners, the ratio to population being 1 in 586; and following out the same ratio for 1910, the present census, we may expect a much lower ratio than one in five hundred.

The criminal expenses, as shown by the same census reports, are overwhelmingly enormous. Leaving national figures for a moment let us scan the figures showing the admissions to the Virginia penitentiary and see how they have increased by leaps and bounds.

In 1902 there were 487 new convicts.
In 1904 there were 518 new convicts.
In 1906 there were 594 new convicts.
In 1908 there were 786 new convicts.
In 1909 there were 794 new convicts.

Punishment alone as a specific for crime is a failure. The horrors of the Siberian prisons rather increased the number of Nihilists. The comparative ratio of criminal population in England and the United States is as one is to thirteen. England has kept, and keeps her criminal population down to a minimum, by inflicting capital punishment for crimes which we in the

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United States punish by a more or less short prison sentence. England at least held the breed down to reasonable limits by killing the criminal and stopping that especial breed. During the sixteenth century there were more than a hundred offences punishable by death in England and as the years have rolled on and the world become more civilized and humane the offenses punishable by death have been very slowly curtailed, until now eighteen classes of offenders against the law may receive the death sentence in England. We, in the United States never have had more than a half-dozen different offenses punishable by death and in these days of paid alienists and jury flimflammers, it is very rare that we have the death sentence meted out. So we see punishment, rigorous, harsh, brutal, does not, has not, stopped the harvest of criminals. We know education does not rid us of, or decrease the crop of criminals. Many, very many, of our criminals are splendidly educated. When the educated man or woman becomes a criminal, generally they set no bounds to their criminal wanderings and regarding neither God nor man they are like the raging lion, seeking anything or anybody whom they may devour. I have shown that crime is on the increase in the United States and in Virginia. I have shown that punishment, imprisonment, education, reformative measures of all sorts are but factors in the reduction of crime and degeneracy, and only stem the tide to a limited extent. I have shown the fearful part that heredity plays in the lives of criminals and degenerates—possibly just here it would be convincing to some to give more concrete examples of the part that heredity plays in our lives. No paper on hereditary criminals would be complete if we did not mention the two Jukes sisters—two illegitimate prostitutes of New York State—whose descendants have been carefully enumerated and followed through five generations, the number of individuals being 709; of the females more than 52 per cent. were prostitutes, while the normal rate of prostitution should have been 1.66 per cent., according to Lombroso; the fact is the whole family was one of criminals, prostitutes, vagabonds and paupers, and it is estimated that this one family cost the State more than a million and a half of dollars during these five generations and they are still costing in increasing ratio.

There are families in Virginia who have been constantly represented on our penitentiary rolls from grandfather to son and now to grandson and it is time, full time, that this hideous reproduction of criminals should be stopped.

The question of heredity has been further reduced to cold figures by Prof. Poellman, of Bonn University, in his investigation of the descendants of a confirmed female drunkard, who died early in the nineteenth century, her descendants were traced through six generations, and numbered about 800 persons; of these 107 were of illegitimate birth; 102 were professional beggars; 64 were inmates of almshouses; 181 were prostitutes; 76 were convicted of serious crimes, and 7 were convicted of murder; the total cost to the State of caring for this woman's pauper offspring and punishing her criminal progeny, was reckoned at $1,206,000—and this expense has increased and continued in geometric progression to this day—for the fecundity of the irresponsible is notorious, to them children appear to be rather an asset than a liability, if indeed they ever give the subject a thought.

By way of contrast a similar research has been made into the history of the famous Edwards family, of New England. This family descended from strong, religious ancestors, embraced many of the distinguished men of our national history—1,394 were traced in 1900—through five generations, of these 295 were college graduates; 13 were presidents of our greatest colleges; 65 professors in colleges; 60 doctors; 100 missionaries and clergymen; 75 officers in army and navy; 60 prominent authors; 100 and more lawyers of note; 30 judges; 80 held public offices of trust; 1 vice-president of the United States; 3 United States Senators; 1 president of Pacific Mail S. S. Co.; several governors and members of Congress, mayors of cities and ambassadors to foreign courts; 15 railroad presidents; in fact, almost, if not every department of social progress have felt the impulse of this healthy family, and it is not known that any of them were ever convicted of crime.

We might cite specific instances by the dozen of inherited physical blemishes—but our case seems to be proven even to the most unthinking and uninformed—viz: that heredity is the greatest causal factor in crime—if this be only true in part, instead of being true in full effect and fact, we are fearfully derelict in our duty to coming generations if we do not take some forceful, direct humane steps to reduce crime, and the number of criminals by restricting procreation—stopping the breed in certain classes—there is now pending in the Virginia Legislature the following bill, modeled after the Indiana law, which was passed in 1907. Dr. H. C. Sharp, of Indiana, was the father and backer of the measure before his legislature and in securing its passage and during three years demonstrating by nearly five hundred operations its

usefulness he has made himself a name amongst the leading criminologists and humanitarians of the century.

SENATE BILL No. 298.

TO PREVENT PROCREATION BY CONFIRMED CRIMINALS, IDIOTS, IMBECILES AND RAPISTS.

Whereas, heredity plays a most important part in the transmission of crime, idiocy and imbecility; therefore

Be it enacted by the General Assembly of Virginia, That on and after the passage of this act it shall be compulsory for each and every institution in the State, entrusted with the care of criminals, idiots and imbeciles, to appoint upon its staff, in addition to the regular institutional physician, one skilled surgeon of recognized ability, and one alienist of recognized ability, also the secretary of the State Board of Charities and Corrections, whose duties it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers of said institutions. If, in the judgment of this committee of experts and the board of managers, procreation by any of said inmates is inadvisable by reason of said inmate being a confirmed criminal, a rapist, an idiot or an imbecile, and that there is no probability of improvement of the mental and physical condition of said inmate, it shall be lawful for the said surgeons, or either of them, to perform such operation for the prevention of procreation by said inmate as shall be decided safest and most effective, said surgeon, or surgeons, to receive no additional remuneration: provided, however, that in no case shall the consultation fee for surgeon and alienist be more than five dollars to each expert, to be paid out of the funds appropriated for the maintenance of such institution.

The enactment of this bill into law and the proper enforcement of its provisions would be the one sure cure for the ever-increasing hordes of vagabonds, degenerates and criminals. If such a bill were the law of the land, in fifty years crime and degeneracy would be decreased by at least fifty per cent. This is a bold statement, but I earnestly believe in the truth of it. Sterilization by vasectomy is the sure, safe and humane remedy—this operation is very simple and easy to perform. It could not endanger life when done by proper persons and the bill absolutely safeguards this point. Resection of the vas deferens or the fallopian tube does not arrest the sexual development. This has been fully proved by doing the operation on young animals before they reached the period of puberty. That there is no atrophy or cystic degeneration has been satisfactorily demonstrated by many years of observation. Cases operated on by me at the Virginia penitentiary in 1902 show today firm, hard testicles, no atrophy or degeneration; cured by sterilization of the debasing habit of masturbation and the resultant insanity. Sterilization does not diminish sexual power or pleasure. The discharge at orgasm is but slightly decreased.

If the subject is cured of masturbation, insanity, or the criminal tendencies, the vas deferens can be reunited; of course this is a more delicate operation than the resection was.

The operation is exceedingly easy to perform. Clean the scrotum, and if the subject is nervous use an injection of a one per cent. solution of cocaine at the selected site, grasp the vas between the thumb and forefinger, it is easily identified by its cord-like feel; fix it with a pair of forceps; cut down on it and pull it through the cut with a tenaculum: strip the membranes and blood-vessels away; ligate above and sever about one-half inch from the end next to the testicle; do not ligate this end. You wish the secretion of the testicle to be emptied around the vessels of the pampiniform plexus and there absorbed. In this way the system receives the tonic effect of the secretion and you avoid also the chances of cystic degeneration. Close the scrotal wound with one cat-gut stitch and seal with collodion. The subject returns to work and suffers little or no inconvenience.

This bill when enacted into law will be a long step in the right direction. It is right, just to all, and humane—and I believe that in the near future when the great good which its enforcement will make plain in the reduction of our criminals and degenerates, it will be carried further and provision in our marriage laws be made that when one or both contracting parties suffer from a defect or transmissible disease the male will be sterilized, then let them go out and marry, and by this means there will possibly be a support given some feeble-minded woman that in any other event would become a public charge, or a prostitute, or, more than likely, the mother of illegitimate children.

Generally speaking, a feeble-minded man has to find a feeble minded woman before he can procreate; a feeble-minded woman has no such limitations—under the provisions of the above quoted law, women may be sterilized as well as men—the operation on them being almost as easily done, for it simply consists in ligating the fallopian tubes.

Distinguished criminologists, the world over, are fully agreed that sterilization, asexualization, as it is sometimes called, is demanded in many instances, and is right. A person who is defective, a pervert, degenerate, has no right to impose another defective on the human family. We take their lives from them when they are murderers—hang them, electrocute them—and it is not nearly so severe to take from them their right to procreate. The inconsistible fact is, that many of this class prefer not to procreate and when they see the good effects of sterilization, voluntarily submit to being sterilized.

Earl Russell, of England, says "I think it admits of little doubt that if the ruling classes in the county, in Parliament, and in the law, were composed entirely of people of adequate medical knowledge, some such remedy as this suggested would soon become the law of the land."

Dr. Bernado says "Some steps will have to be taken in the near future if we are to protect the nation at large from a large addition of the most enfeebled, vicious, and degenerate type."

Dr. Barr, in his work, "Mental Defectives," says: "Let asexualization be once legalized, not as a penalty for crime, but a remedial measure preventing crime and tending to future comfort and happiness of the defective; let the practice once become common for young children immediately upon being adjudged defective by competent authority, properly appointed, and the public mind will accept it as an effective means of race preservation. It would come to be regarded, just as quarantine, or vaccination; simple protection against ill."

Quotations such as the above, backed up by an existing law in Indiana since 1907, and under this law about five hundred sterilizations having been done, with unvarying good results, making the recipient of the operation, a sunny, bright, natural human being, whereas before we had to deal with a morose, sullen, suspicious, neurotic and erotic degenerate. Dr. Sharp bears witness to these facts "that many boys have come to me and urged me to fix them and I fixed some friend or associate of theirs, masturbators have urged me to castrate them, so as to help break up the debasing habit, I have refused to castrate, but have sterilized, by vasectomy, and cured many and many such cases." In my experience as surgeon to the Virginia penitentiary I have sterilized, by vasectomy, twelve cases; in every instance, but two, the subjects were insane, consistent masturbators, and in every case masturbation has ceased, the patients have invariably improved mentally and physically, and in two notable cases, one sterilized in 1902, and the other in 1908, both of these cases, being exceedingly dangerous homicidal devils—the improvement and cure was little short of marvelous. These two cases were reported at length in a paper read before the National Prison Association at its meeting in Richmond in 1908.

Of the two cases referred to above as not having been insane masturbators, but sterilized, one was an epileptic masturbator. In his case masturbation has been stopped and his epileptic spells are much less frequent. He was operated on during September, 1909. The other case very aptly illustrates the class habitual criminal, especially singled out for sterilization by the bill. This young negro, judging from his color, is the son of a negress by some degenerate white man. When he was very young he was sent to the negro reformatory for incorrigible boys. The superintendent of this reformatory, a most intelligent and well-informed man, ex-minister from the United States to Liberia, informed me that this boy had a most harmful and debasing effect on the other inmates of the reformatory; he was a past master in sodomy and masturbating. After he became too old to remain at the reformatory he was discharged and very soon came to the penitentiary for burglary. He at once took the lead in sodomy and kindred deviltries, repeatedly being caught in the act of sodomy, and no punishment, however severe, had the least deterrent effect. He completed his sentence, was discharged, and in less than a year was re-sentenced for burglary again, and given the additional five years for second conviction.

When he returned to serve this new sentence he was even more debased and debasing in his masturbating and sodomy, and I sterilized him by vasectomy about six years ago; he is today a strong, well-developed young negro, well behaved, and not a masturbator or sodomist. Cured by sterilization, and better than anything else, when he is discharged at the completion of his sentence, he can not reproduce his species.

I report this case at length because it is typical of the habitual criminal degenerate, who would come within the purview of this sterilization bill. Since Indiana has passed the sterilization law, and since the meeting of the National Prison Association in 1908, Utah, California, and Connecticut have passed similar sterilization laws. Earnest thinkers and workers in New Jersey, Minnesota and Texas, backed by their respective State Medical Societies, are urging the passage of this sterilization act. I believe that every State in the Union will ultimately be aroused, and see the necessity for such a

measure as I now advocate, and pass it.

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The Relations Existing Between the General Practitioner and the Surgeon.*

By Dr. J. F. Highsmith, Fayetteville, N. C.

This is an age of specialists and of specialism, and, I am sorry to say, many times of commercialism. This true, there is danger of too great a separation of the physician and the surgeon in their respective work. The science of medicine, as we all know, embraces the science of practice of medicine and of surgery. It would seem that in the growing extension of the science of medicine, embracing the science of surgery, there has not been that close sympathy between the physician and the surgeon that is for the best interest and advancement of the science of medicine, and for the patient's general good. The physician, not doing surgery daily, is in danger of losing his bearings and of becoming too conservative, and, in many cases, negligent. The surgeon is in danger, many times, of being too radical and bold in his work; this is most likely due to the fact that he knows nothing of the case save what he learns when the patient comes for an operation; for the want of co-operation of the physician with the surgeon, and the surgeon with the physician, many of the most important details and facts bearing on the future of the patient as to the operation, or want of operation, are neglected by the surgeon. Especially, when he overlooks the question of heredity, or when he overlooks the question of individual constitution, of which he can know but little when the case is new to him. The question of individual temperament every physician ought to be familiar with, so as to know the resistance, or non-resistance, of his patient. Of the two, the family physician should, if anything, be the stronger man. He must be a first-class surgeon, with the exception of carrying out the technique of operation. He must know if the operation is necessary; why it is necessary; the time required, the risk, etc. Figuratively speaking, he must be an accommodation man, working in any harness. His relation to the surgeon should be mutual. They should go hand in hand in their effort to arrive at a diagnosis of the case. "He who diagnoses well, cures well." Too much stress cannot be laid upon this one point. Have a well worked out diagnosis before operation; and, if the unexpected is found at operation, none the worse; it certainly is better to have tried, left no stones unturned, and failed, than not to have tried. The family physician and the surgeon, when the diagnosis is made and the operation is performed, or not performed, as they may deem it best, should keep in close touch with every step in the case from day to day. They should be a unit in their respective advice. In this way the confidence of the patient is gained. This done, a great obstacle is removed—one that means much in every way; the patient is now ready to undergo any treatment with absolute confidence of success; the dread of hospital, and that mental anguish to operation are reduced to a minimum. This one thing alone would reduce the mortality from operation considerably.

It is well known that too many intelligent people these days are prescribing surgery for themselves; the patient has diagnosed his or her own case; the family physician knows nothing of it many times until he receives a letter from the surgeon, possibly in some distant city, informing him of the operation. This should never be true, or, at least, it should be the exception. It is absolutely necessary that the regular physician should thoroughly study his case, and when surgery becomes necessary he should give the surgeon his experience, his findings, and in return the surgeon should throw the physician in close touch with the laboratory findings and living pathology, for the progress in surgery and medicine owe much to the investigators in the laboratory plus the living pathology. These two, plus the laboratory report, work out a revised diagnosis, which must be correct. What follows? The patient will receive the best of treatment in every particular for his respective case for the simple reason that the surgeon is given a clear insight to the case, and he has thoroughly weighed all sides and feels confidence in himself to handle the case with ease. But never does he get too old to learn!

The physician has grown wiser; he returns to his practice a better diagnostician, more competent in every particular; he has made a friend of his patient. I might say it is well for us to make friends of our patients—but not patients of our friends. And when the physician returns to his work, while it may be in the highways or in the hedges, he is convinced that his position is the most important, for he sees that he who diagnoses a case well and early is not an inferior man to the surgeon, but he is leading in the science of medicine, and of surgery—he controls the throttle!

This is an age of preventive medicine. We know the keynote to surgery and good results are controlled by early diagnosis and

*Read before the Tri-State Medical Association at the meeting in Richmond February 15-17, 1910.

prompt surgery well executed.

Cancer education, which is discussed so much at present, must come through the physician. Cancer of the uterus, especially, has occupied for many years the minds of the best investigators in this and in other countries. Notwithstanding their earnest and continued efforts, the cause of this disease is still unknown. We are yet in ignorance as to whether it is due to some peculiar parasite, the effect of chemical secretion, or is the result of nerve influence upon cell life. Let that be as it may, what we do believe, based upon experience—and experience is the best teacher—is that, the mortality from cancer could be wonderfully reduced by radical operation done early. This can be brought about in no other way than through the practicing physician. It has almost been the rule in my experience in the treatment of cancer of the uterus, that when I have seen the case it has already gone too far for surgical interference. To my sorrow I could report many cases where this has been true. The family physician should ever be alert for this dreadful disease. Inflammatory conditions should be carefully and properly treated. The family physician should not allow the trouble of examination and of false modesty to stand in the way of knowing the condition of the uterus. Nothing should be taken for granted in these cases. To illustrate: A few weeks ago I had a patient referred to me for an operation, her physician thinking she had cancer of the uterus, based on the fact of hemorrhage, profuse discharge, of bad odor, with more or less burning and distress in the pelvis, and a mass presenting from the cervix, filling the vagina. When I first saw the case, I also thought it was another one of those inoperable, malignant cases. The odor of the discharge and the appearance of the patient seemed to confirm the diagnosis and unfavorable prognosis. Examination, however, revealed the vagina filled with a large, smooth, round mass, over which I could pass my finger to a distinct pedicle and trace its exit from the cervix, and in no way showing the slightest indication of malignancy. I consequently had no hesitancy in assuring the patient that she was amenable to complete relief, and that she had no cancer. At operation this was found to be a fibroid polypus with a pedicle; the fibroid so large that I had to reduce the tumor in order to deliver it from the vagina. The patient, of course, made an uninterrupted recovery.

The same thing holds true with tumors of the breast. No tumor of the breast should be regarded by the family physician as harmless, but he should promptly refer all cases to a surgeon for early operation.

In surgery of the bile tract the situation is in the hands of the family physician. Many of these cases seek a surgeon at the time when the patient is intoxicated by infection—the yellow flag hangs out. This is a misconception many times on the part of the physician that for gall stones to exist these symptoms must prevail, and this accounts for the exceedingly late stage at which many of these cases reach the operating table and the high mortality following.

I believe it is the general consensus of opinion that all cases of appendicitis are surgical soon or late—better soon than late. If the family physician would make it a rule to refer all cases of typical appendicitis in the first twenty-four hours to the surgeon and the surgeon operate within the first forty-eight hours, there would seldom be a death; certainly not if the operation were within the first twenty-four hours. I believe, however, that the physician and the surgeon are daily becoming more intimately associated, working hand in hand, made so by necessity and lessons taught by sad experience. It would seem that we could learn from the experience of others, but such does not seem to be the case. The surgeon so often has a case referred to him at the end of forty-eight to sixty hours, the patient in a dying condition,—the physician has procrastinated, deferred surgery, not because he did not know better, but remembered somewhere that someone had said that 60 or 65% of the cases of appendicitis would recover under most any form of treatment. Then, the patient did not want to be operated on, and they would "jocky" along and take their chances. But, on the other hand, is it justifiable to risk the lives of the remaining 30 to 40%, when an early operation would save ninety-nine out of a hundred?

The same thing holds true with all intra-abdomen surgery. In typhoid perforation, the situation for good results is absolutely in the hands of the physician in charge, and his prompt recommendation of the surgeon. The physician in attendance on a case of typhoid fever in the stage of possible perforation, should, as it were, keep his rifle loaded with his finger on the trigger, ready to fire any second and signal the surgeon to his rescue. If this were only true I see no reason why the mortality from perforation in typhoid could not be greatly reduced.

The same thing is especially true in perforation of the stomach, in bowel obstruction and in strangulated hernia.

The day is coming—it is not far distant—when diseases at large will be treated from the standpoint of *cause* and *effect*. The cause of diseases must be known; once

known, if possible, removed.

The laity are being educated and it is only a question of time, to say the least, until for the welfare of the profession, it will be absolutely essential that the physician and the surgeon work together on a sound, unselfish, honest basis, determined at all times to allow no false modesty or personal feelings to stand in the way of the welfare of their patient. United, the science of medicine and of surgery will develop on a sound and lasting basis; divided, the reverse must follow.

The Practice of Medicine, Past and Present.

By H. C. Buck, M.D., Friars Point, Mississippi.

I have grave doubts as to whether a paper on this subject will be of interest, especially to the younger members of the profession who know little and perhaps care less about the trials and disadvantages encountered by those old doctors, or perhaps in the mad rush for something new, that is so prevalent at this time, they do not care to take the time to learn these things, and yet, while "onward and upward" should be the motto of every one it is well for each of us to occasionally retrospect and view the road over which we have travelled that we may judge whether we are moving "onward and upward," or backward and downward, for there is no standing still, we *must* go forward or we *will* go backward.

The old time practice of medicine, like the "old time religion," has been relegated to the past, we are living in a more advanced age, have accepted and adopted the advanced theories and practice in accordance with the ideas and wonderful knowledge acquired by the profession within the past quarter of a century. In a paper on this subject it is a rather difficult task to establish a line of demarcation between the past and present, yesterday is as a tale that is told, tomorrow is the future, and of it we know nothing, the present is *only now*. "Lest we forget" let us go back, say, thirty years in our history, calling back the past, and compare the conditions and surroundings of the physician at that time with the conditions and surroundings of the physician during the present era. I gladly admit there has been advancement and improvement, wonderful in many instances, still I contend there is much in both the old time practice of medicine and the old time religion, that is well worthy our respect and admiration, if one will compare the practice as followed during this past period with the practice of the present era he will be amazed at the wonderful strides that have been made and the almost complete revolution that has taken place in the practice of medicine, even by those of us who are only country doctors. It is hard for one who did not live during those days to believe the story of the trials and difficulties that beset the old time doctor on every hand, and it is marvelous that they were able to and did accomplish so much when viewed from the present. When I first began the practice of medicine I located in a country that was "wild and woolly." It was ten miles to my nearest neighboring physician and fifteen miles to the nearest town or postoffice, and mine was not an isolated case by any means. Being so situated we were forced to rely on ourselves and our personal knowledge and resources in every emergency. We could not get a consultant, a specialist, or a surgeon in a few hours, in fact, it was nearly impossible to get them at all; those were days when a man had to "make good." In those days we knew little or nothing of sanitation or hygiene, neither were their twin sisters, asepsis and antiseptics, known. We considered malaria literally as "bad air," knew nothing and cared less for Madam Anopheles and never dreamed of the existence of Madam Stygomia; they were all "skeeters" to be looked upon as an unavoidable and necessary evil. The fever thermometer and hypodermic syringe were just being introduced and not in general use by any means. They were most usually carried by some big doctor in a city and used by him not so much for their practical or beneficial effects as to impress upon his patrons that he was "up-to-date" and also to display his wonderful knowledge. The microscope was only used in the profession by those interested in the study and practice of chemistry, but not as an assistance in the diagnosis of disease. Electricity was in its infancy and used very little and very crudely as an aid in curing disease. The x-ray was unthought of and the same may be said of all tbe present uses of electricity except the telegraph. The telephone, electric car and automobile were not discovered, now the telephone and automobile are almost a necessity to the physician. The transfusion of blood, tne injection of a saline solution and skin grafting were hardly known and not used in practice. While bloodletting had for many years previous to this date been routine practice, it was rapidly falling into bad repute and was soon abandoned entirely, the swinging of the pendulum has again brought it to the front and it is now recommended by many late authorities in the treatment of certain pathological conditions, but when now used it is in a more intelligent manner and much more conservatively than in the past. Puerperal

eclampsia was nearly always fatal in those days. The treatment as practiced and as advised by the authorities was to bleed to the point of syncope and make forcible delivery under an anesthetic. I had been in the practice many years before Norwood's Tincture was recommended for this disease. Disease germs, microbes, bacilla, &c., were comparatively unknown. I believe I am safe in saying that all, or nearly all, of these have been discovered and brought to the notice of the profession within the last thirty years. In the face of all our boasted knowledge of the present era, the physicians of this past era had as light percentage of deaths among their patients as do those of the present; they died then and they die now. In looking over some old notes of cases, I find where I treated a case of dysentery (in 1871) with opium almost exclusively. My notes say the man got well. From my present knowledge and practice, I really do not know why he did. I remember one of his neighbors saying that "a man never dies until his time comes." I suppose *his* time had not come. But the past is gone and with it those old doctors. Those of us who knew them, respect and reverence their memory, and raise our hats and say of each of them "Requiescat in pace."

Stricture of the Rectum.*

By E. H. Terrell, M.D., Richmond, Va., Instructor in Principles of Surgery in the Medical College of Virginia; Junior Visiting Surgeon to Memorial Hospital, Richmond, Va.

Cripps says "There is no disease of the rectum or sigmoid that is attended with more agonizing distress when left unchecked and neglected than stricture." Any one who has had any experience whatever in the treatment of this condition must agree with this eminent authority. To us as physicians and surgeons, any disease which causes distress and suffering elicits our interest, but of greater relative importance are those diseased conditions which, if not relieved, will eventually result in death. Among this latter class stricture of the rectum should hold a prominent place, for not only does it frequently shorten life very materially, but the fact that it chooses a painful and gradual method, accompanied by the greatest discomfort and suffering, should make us all the more anxious to give to this class of unfortunates at least something approaching comfort, if not a cure.

My excuse, if an excuse is needed, for presenting to you a paper on this subject is not that I have anything new or original to offer in the way of a radical cure for this disease, but more as a plea for an earlier recognition of stricture and to urge the importance of prophylaxis in all ulcerative conditions of the lower bowel.

I am convinced that the frequency of rectal stricture is not realized except by those accustomed to making frequent examinations of the rectum, and that it is often overlooked by the busy doctor there is no doubt. To the unsuspecting one, I have not a word of condemnation, for in a very short time after taking up rectal disease as a specialty, I found strictures in two patients whom I had previously treated without having entertained even a suspicion of the true nature of the disease. The diagnosis in each case was comparatively easy, but I had been too modest to even suggest a rectal examination. That this sort of practice is too prevalent there is no doubt, for there is no more reason why we should prescribe for rectal symptoms without first having made the requisite examination, than we should in a case of sore throat. The only difference is that one is a little more convenient than the other.

It should be an iron-clad rule with every doctor that he refuse most positively and emphatically to treat any patient for a rectal trouble who will not submit to an examination sufficient to satisfy the doctor as to the true nature of the disease. If the physician does otherwise, he is doing both himself and the patient an injustice.

Having determined the existence of a stricture of the rectum, before treatment is begun we should ascertain its pathological character, location and extent, if possible.

The most potent factor in the production of stricture is syphilis. In about seventy-five per cent. of the cases which I have seen or treated, I could either get a very clear history of syphilis or find some other evidences of the disease elsewhere in the body. Of course, it is most natural to assume that syphilis is the cause of all strictures developing in those having a history of that disease.

On the contrary, it is possible, and probably occasionally happens, that a syphilitic will develop stricture from some other cause. The same will hold true with reference to tubercular stricture. The distinction, however, would seem to me to be a very difficult one to make, and would not be possible except by the microscope, and even then there is a liability of error, because not infrequently the process is initiated by one germ or virus, and this being destroyed by treatment or otherwise, the disease is continued by some other organism of which there are a great many constantly in this region.

I am thoroughly convinced, although

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there are not a few who hold a contrary opinion, that all strictures of the rectum of whatever cause are first preceded by an ulceration of the parts. And, further, if these were only recognized before they become extensive and much destruction of tissue had taken place, we could in many cases cause them to heal with little if any deposit of cicatricial tissue. For this reason I maintain that every case of diarrhea or dysentery continuing unduly long should be investigated for the purpose of finding out whether ulceration of the lower bowel be not the cause. If this were invariably done, stricture would be of far less frequency than at present.

In this connection there is one point I should like to especially emphasize, and in this I believe the genito-urinary specialist, upon whom the responsibility should rest, has failed to realize its importance: it is that syphilitic ulceration of the rectum, when once established will very seldom respond to the usual systemic antisyphilitic treatment, because, while the specific organism of the disease will in all likelihood be killed or removed by the treatment, the process is continued by some one of the many pyogenic germs of which such large numbers are found in this locality, and that in order to effect a cure and thereby prevent the formation of stricture, the local application of antiseptics or cauterizing agents together with cleanliness of the parts, as far as possible, is necessary. While this is troublesome and possibly inconvenient to do, if we can prevent even a few of these from developing into one of the most unfortunate and distressing conditions, we will be doing a good work and our time will be well spent.

And even if these strictures are seen early before the fibrous tissue has become dense, hard and unyielding, and before there has been a great degeneration in the blood vessels of the part, by proper treatment much may be accomplished toward causing an absorption of the cicatrix.

I have at present the unusual opportunity of treating such a case, for such strictures are usually well developed, and symptoms of obstruction have occurred before the patient presents himself for treatment.

This patient, a woman thirty years old, with a clear history of syphilis, was referred to me by Dr. J. Frasier Jones for ulcerative hemorrhoids, which diagnosis was correct, but upon making a digital examination, I found both anteriorly and posteriorly, just above the anal canal, a deposit of soft fibrous tissue which yet yielded to firm pressure but lacked that soft velvety feel characteristic of the healthy mucous membrane of these parts. A slight narrowing of the calibre of the gut had taken place, but by no means sufficient to produce any interference with the function of the organ. While my prognosis in this case has been very guarded, properly, I think, I am still very hopeful of a complete absorption of this cicatricial tissue.

My treatment in this case, besides pushing the iodides to the limit of tolerance and keeping the parts as clean as possible with frequent mildly antiseptic washings, has been the repeated introduction of a No. 10 Wale's bougie through the stricture. The theory upon which this method of dilatation is based is that when the instrument is introduced it produces by pressure a local anemia of the parts and when withdrawn it causes an increased amount of blood and consequently a larger number of leucocytes flow to the parts, thereby tending to cause an absorption of the newly formed tissue.

If the stricture has become hard, inelastic and firmly fixed with a complete degeneration of its blood vessels, there is scarcely a possibility of its being affected favorably by this treatment. In this case when the disease has reached such a state of contraction that fecal movements are markedly interfered with and the health of the individual is thereby affected, some operative measure for the relief of the obstruction is indicated, and in fact almost imperative, if life is to be saved.

Of the great number of operations devised for the relief of this unfortunate condition, there is not one which can be said to be entirely satisfactory. In fact the majority of operators make no attempt at a radical cure but are satisfied if they can give relief from the most distressing symptoms and make the patient moderately comfortable. The removal of the stricture in toto and bringing down healthy gut to take its place would seem to be the ideal operation, but it is quite a hazardous undertaking and the results obtained so far by some of the best proctologists have not seemed to justify the continuance of this method. Dr. Tuttle, of New York, has probably done this operation oftener than any one else in this country, but his results have not been particularly good. He reports quite a number of recurrences and not a few cases of incontinence following this procedure.

The operation of choice by the majority of surgeons at this time is undoubtedly that of complete posterior proctotomy. While this is not entirely free from the dangers of sepsis and hemorrhage, it is very simple, quickly done, and if the after treatment is persisted in, it offers a very great relief over the pre-existing condition. It does not, however, effect a cure except in few cases. The chief disadvantage is

that bougies or dilators have to be passed with more or less regularity for an indefinite period to prevent a reclosure of the gut.

The cases which I have operated upon after this method and where I have been able to keep track of them have all done fairly well. The symptom which they complain of most is a constant discharge of pus or muco-pus from the anus and which I have been able to relieve only to a limited extent. This, of course, is very annoying, and is due to an ulceration which almost invariably exists about the region of the stricture. On account of the changes which have taken place in the blood vessels supplying the parts, and the almost constant irritation and re-infection produced by passing of feces, it is practically impossible to get them to heal. The only way this complication can be overcome is to do, previous to the incision, a temporary inguinal colostomy. By relieving the diseased parts of the irritating effect of fecal contents for a time and by the use of proper local measures these ulcers usually yield very kindly to treatment, after which the proctotomy can be very safely and satisfactorily done.

The colostomy may be closed and the feces directed through the natural channel at any time deemed best.

For this reason this same procedure is almost necessary where a resection or an excision is to be done in a bowel studded with ulcers and constantly bathed in pus.

On account of time I have not gone into a discussion of the various pathological causes or varieties of stricture and their symptoms, nor have I made mention of many of the methods of treatment in vogue at the present time, but they are more or less familiar to us all, and a paper of sufficient scope to cover the ground thoroughly would surely become tiresome.

I desire, however, to report two cases which may probably be of interest.

Case 1.—The patient, an old colored man, who does not know his age, but is apparently about seventy-five years old, came recently to the dispensary of the Medical College of Virginia seeking relief from an incontinence of feces. He gave a history of having been operated on twenty-five years ago for fistula but has had good control of his bowels till three months ago.

On examination the scar of the old fistulous tract was plainly seen, the incision having been made at an oblique angle to the sphincter muscle, which, of course, is contrary to the technique of the best operators of today.

The external sphincter was entirely relaxed and atrophied to such an extent that it could be scarcely felt. About one inch within the anal canal, or about the junction of the canal and rectum a very sharp horseshoe shaped cicatricial band was felt, interrupted anteriorly for one-fifth of the circumference of the gut. This band was about one-fourth of an inch thick and firmly contracted to about the size of a quarter. As can be seen, there could not be any control of either sphincter and no support whatever to the bowel contents when they reached the ampulla of the rectum.

On account of the patient's age and enfeebled condition I advised against any operative procedure, which probably would have been of little avail, even had he been a strong and vigorous individual.

Case 2.—Scarcely less pitiable but of an entirely different nature from Case 1 is that of a patient, a woman about fifty years of age, seen in consultation with her family physician.

She gave a history of having had stricture for a number of years, for which some operation was performed about five years ago, the nature of which she could not give a very clear account.

On examination there was an entire absence of the recto-vaginal wall for about four inches, the stricture of the rectum still existing above this point. The uterus, greatly enlarged, was hanging free in this immense and unnatural recto-vaginal cavity. What was originally the walls of the vagina and rectum were covered almost entirely with unhealthy granulation, from which there was the most profuse discharge of thick, yellowish, and the most fœtid pus I have ever seen.

How this poor woman had lived in this condition for a number of years without dying of sepsis, I am unable to say.

I advised a colostomy as the lesser of two evils, but this was refused, and she was left to her fate in a condition than which nothing worse could be imagined.

304 E. Grace St.

Ichthyol in Furuncles of the External Ear.

Furuncles of the external auditory meatus, though a simple complaint, are extremely painful and often very obstinate to treatment. F. Bruch, of Sechenheim, recommends applications of ichthyol. A small pledget of cotton-wool is impregnated with equal quantities of ichthyol and glycerin and introduced into the meatus, followed by a second pledget of dry cotton-wool to prevent any of the solution running out. Care must be taken to prevent the pledgets from exercising any pressure, otherwise the pain would be increased. The application may be renewed once a day, or in very painful cases night and morning, and the treatment

should be continued until the desiccation of the furuncle is complete. If the furuncle breaks, the cotton-wool impregnated with ichthyol prevents further infection of the meatus inward, and there is no fear of setting up eczema of the passage, such as not infrequently occurs with other moist applications or instillations of glycerin and carbolic. In cases in which it may be necessary to incise the furuncle the ichthyol application forms a suitable subsequent dressing.—The Hospital, London.

Treatment of Sciatic Neuralgia.

The best general treatment for neuralgic conditions of the sciatic nerve consists, according to M. Cassaude and M. Queste, in epidural injections of a local anesthetic. In describing their observations at a recent meeting of the Societe Medicale des Hopitaux, they said that cases of an extremely severe, paroxysmal, and inveterate character had sometimes recovered very quickly, and even immediately, after a single injection of ⅙ to ⅓ grn. of cocaine; in general, however, and especially in chronic cases, the treatment had to be repeated. The amount of pain that was present should be regarded as the guide to the estimation of the appropriate dose of the anesthetic, and when the pain was very severe there should be no hesitation to inject as much as 1 or 1½ grn. of cocaine or stovaine at a time.

In the neuralgic conditions of the sciatic nerve attributed to rheumatism, to cold, or to some diathesis, the question is one of radical cure, whereas in the forms which appeared to be symptomatic of diseases such as syphilis or malaria, or to be due to compression, the treatment must be merely palliative. Sometimes the tender points of Valleix continue to be painful, but this lingering symptom disappears in a few weeks after the treatment. In some exceptional cases the authors observed that pain disappeared in the distal portion of the lower limb while persisting in the proximal part of the sciatic nerve. There was also a paradoxical effect which deserved notice—namely, the disappearance of the tender points of Valleix, although the ordinary neuralgic pain continued as before. Among more than 30 patients treated as above described, some of them with large doses of the local anesthetic, there was only one who suffered from toxic manifestations, the symptoms not being at all serious.—The London Lancet.

Treatment of Scarlet Fever.

In a great many cases of scarlet fever no actual treatment is necessary except a prophylactic one for later complications. Ice may be applied to the neck of older children, and in infants the throat is sprayed with potassium permanganate, hydrogen peroxide, or boric acid. There should be absolute rest in bed, with milk diet, but by the third week cocoa, cereals, zwieback, and light vegetables may be permitted. In the fourth week the patient may get up out of bed, provided there is no amenia or nephritis, and by the sixth week he may be discharged. The clothing should always be warm, and unnecessary bathing is to be avoided.

The Treatment of General Paresis.

In the initial stage of general progressive paresis much can be accomplished by injecting solutions containing 2 per cent. sodium nucleinate and 2 per cent. sodium chloride. Every five to seven days 50 to 100 Cc. are injected subcutaneously in different places, with all aseptic precautions. The immediate results are a rise of temperature, sometimes as high as 40.5° C. and a leucocytosis up to 61,000. The object of this pyretic method is to increase oxidation and thereby remove the toxic waste-products formed with the disease. This treatment is indicated particularly where little is to be expected from antiluetic measures.

Good results are also seen, according to J. Donath, where there was none or insufficient treatment with mercury. The most pronounced signs of improvement are the disappearance of the tremor and the periods of excitation. Speech, memory, and the ability to count will also improve. Ten out of 21 cases could again take up their vocation; in 5 others there was less improvement, while 6 were not influenced. It is too early to say if complete cures are possible by means of this treatment, though the results so far obtained are excellent.—Wien. klin. Woch.

Neopyrine, a New Antipyrine Derivative.

A new antipyrine derivative, neopyrine, is described in detail by Bachem. It is chemically a valerylamido antipyrine, and occurs as white, odorless crystals, with very bitter taste. It is soluble in water only with difficulty. Experiments on both cold and warm-blooded animals showed that this compound is much less toxic than other antipyrine derivatives, and that even after prolonged use the internal organs are not injured. There are no gastric disturbances and diarrheas do not occur. Respiration, blood-pressure, and the frequency of the heart beat were not influenced to any marked degree even after large doses. The fall of temperature is very prompt, both in animals in which the brain has been injured,

and in which septic material has been injured. He concludes that neopyrine is an excellent and relatively harmless antipyretic, and probably also antineuralgic. Large doses will cause convulsions without characteristic lesions. There probably is no conversion of hemoglobin into methhemoglobin, as with so many other antipyretics.—Therap. Monatshefte.

Treatment of Angina Pectoris.

The treatment of angina pectoris, states Alexander Morison, in the course of an article in which he also fully considers the nature of the malady, and reports ten cases, refers to the treatment (1) of the attack and (2) of the condition. The treatment of the attack of angina pectoris may consist in the relief as rapidly as possible of a painful affection of greater or less severity, the subsidence of which without untoward accident we may anticipate almost with certainty; or it may involve a grim struggle of progressive intensity between the physician and death, in which the latter may prove the victor within a very few minutes. Tragedies of this description are rarely encountered in the endocarditic series. They are usually met with when the ordinary physical examination of the heart reveals little or nothing amiss.

The attack of angina in valvular disease (which is usually aortic) is readily relieved as a rule by the nitrites, even when it recurs with frequency. The nitrites, indeed, merely hasten the relief which is sure to follow the rescuing acceleration of the heart's action which succeeds the primary inhibition caused by the shock of cardiac pain.

The attack in non-valvular angina may require, on the other hand, a quick recourse to morphine and alropine, or to a general anesthetic to avert a rapidly fatal issue, which even then may, and frequently does, ensue.

The author agrees with Sir Clifford Allbutt in considering the cause of death in angina pectoris to be the inhibition of cardiac action by the shock of pain. The heart may rapidly cease to beat and die in diastole; or death may be postponed somewhat longer, the heart passing into a feeble tachycardia, very suggestive of the fibrillary tremor, noticed as the last phase in the cardiac action of animals killed experimentally by intensive or repeated electrical shocks.

The immediate danger passed, the treatment of the anginous condition or of the conditions underlying the supervention of angina has to be considered. It is scarcely necessary to insist upon the avoidance, so far as possible, of those forms of physical exertion or mental emotion which are found to provoke attacks, or upon that care in diet and in the securing of easy evacuation which is likewise indicated. The iodides and mercurials which have proved beneficial in some instances may do so without reference to old specific infection, but where it is possible to determine such with any probability or certainty treatment on these lines is the more indicated. Now that we possess in the Wassermann reaction with the patient's blood serum a fairly reliable means of determining the point with some assurance, it is well to use it.—The London Medical Lancet.

A New Pathognomonic Diagnostic Sign in Neoplastic Stenosis of the Colon.

Minerbe and De Giacomi, in a case of lymphosarcoma of the colon and retroperitoneal glands, demonstrated that the colon was obstructed by inflating the intestine with a bicycle pump attached to an intestinal tube. The strong impulse which was imparted to the air in the colon by the stroke of the piston caused expansive pulsation in the tumor, which could be felt by the hand placed on the abdomen. He considers this a pathognomonic sign of obstruction of the descending colon. After a series of experiments on the cadaver and the living body, he states that the following conditions must be present to give a successful test by this method; they are an intact sphincter ani, and the presence of stenosis of a certain degree due to degeneration of the intestine. The walls of the colon must be indurated by infiltration, and not the entire circumference of the intestine have been invaded, so as to render it inextensible. Unfavorable conditions occur with thick abdominal walls, deep situation of the colon, fullness with feces, and contraction of the abdominal walls. The same method applied to the stomach with an esophageal tube causes the stomach to stand out, so that its boundaries may be seen through the abdominal walls. —La Riforma Medica.

Advantages of a Motorcycle.

The motorcycle will appeal strongly to the physician with whom time is an important factor, for with one the busy doctor can cover more territory, make more calls and at an insignficant expense. The Emblem Motorcycle has gained a great deal of favor at the hands of the profession, and justly so, too, for it is strong, simply constructed, and absolutely reliable. The manufacturers of the Emblem have devoted particular pains to their engine and as a result their machine stands at the top of the list. It is far swifter than a horse, will go anywhere a horse will go and uses fuel only when

working. It is never a case of standing in a stall and eating its head off. Write to the Emblem M'f'g. Co., Angole, N. Y., for further particulars.

Treatment of Abortion.

K. Franz (Deutsche medizinische Wochenschrift) defines abortion as the interruption of pregnancy during the first seven months. Hemorrhage is always a prominent symptom of abortion during the first four months, but later this is not the case. For this reason he deals separately with the treatment during the first months of pregnancy. This must depend on the stage of the abortion when the practitioner is called in. When he is summoned on account of hemorrhage, he must make an examination to determine whether the cervix is closed or not. If the hemorrhage is not dangerously profuse and the cervix is not dilated, opium and rest in bed should be prescribed and the further development of the case closely watched. It is possible in such cases that the hemorrhage may cease and the pregnancy continue. There are no means of arresting the hemorrhage. If the bleeding continues and the patient shows signs of anemia, steps should be taken to hasten the abortion.

Not more than one week should be allowed to pass if the patient is losing blood all the time. The external genitals should be disinfected with soap and 70 per cent. alcohol and the vagina with alcohol or perchloride of mercury. A speculum is then introduced and a laminaria tent inserted. To prevent the tent from slipping into the vagina before the cervix is dilated a gauze packing is applied. After twelve or twenty-four hours the tent is removed, and the cervix will be sufficiently dilated to permit of the passage of a finger. At times the tent causes uterine contractions, which suffice to expel the ovum, but if no pains are induced the ovum can be removed intact with the finger. If the hemorrhage is severe and the cervix is closed, the laminaria tent is not to be employed. Tamponade of the vagina may be used, but this has to be very tight and is distinctly painful. He prefers dilating the cervix with Hegar's metal dilators and clearing out the uterus in one sitting. If the temperature is raised under these conditions, the vagina must not be plugged; the only treatment which is permissible is the immediate emptying of the uterus.

When hemorrhage occurs with a closed cervix during the sixteenth to the twenty-ninth week, the diagnosis usually rests between a hydatid mole or placenta previa. For this condition he dilates with a Barnes-Fehlin bag. This bag is rolled up and introduced under guidance of the eye with dressing forceps. The bag should be passed right through the cervix until it disappears. It is then filled with from 150 to 200 Cc. of sterile water. Then the forceps is withdrawn. In the case of severe hemorrhage or infection the uterus should be emptied at once by means of Duhrssen's anterior hysterotomy.

Dealing next with the cases in which the abortion is proceeding, the author says that, should hemorrhage be present and the cervix dilated, the ovum may be in the cervix or loose in the uterine cavity, or else still adherent. Anesthesia is not absolutely necessary, but is always useful. The author prefers light ether anesthesia. The ovum can then be removed with the finger. Since it is not always easy to deliver the parts of the ovum after they have been detached from the uterine wall, and the longer the finger is in the uterus the greater is the danger of infection, he advises the ultimate removal of the loose shreds, etc., with the curette. The blade of the instrument should be at least 15 mm. broad. The portions are caught up in the ring, and by means of a twisting movement will be readily removed. Dressing forceps should never be used for this purpose. The use of the curette should be limited to certain definite conditions. It rhould not be employed to loosen an ovum from the uterine wall. The finger is the only reliable instrument for this purpose. For the removal of the loosened particles, or for the scraping of the inner surface of the uferus, the curette, if properly managed, can do no harm. After the fifth month, if the cervix is dilated and the fetus is still retained, two fingers should be introduced into the uterus and the fetus withdrawn. When there is much resistance the fetal parts tear very easily, and while the body of the fetus is easy to deliver, the head may be difficult to get hold of. Abortion forceps are useful for this purpose.

With regard to retained placentas in the later months, the author mentions that it is necessary at times, but not often, to remove the placenta manually; but when this has to be done the obstetrician should be prepared for atonic hemorrhage. He recommends irrigating the uterus after this procedure with 2 or 3 liters of 70 per cent. alcohol and packing the uterus with gauze.

In conclusion, he deals briefly with incomplete abortion, and states that the obstetrician must determine whether any portion of the ovum is still in the uterus from its size—a matter which is often very difficult to decide in the early months.—British Medical Journal.

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THE ANTI-VIVISECTION CAMPAIGN.

In the campaign against vivisection one might divide the "reformers" into two divisions—the sincere and the insincere. And this latter class might again be subdivided into three grades designated (a) "the anti-vivisectionist for revenue only," (b) "the anti-vivisectionist because of the newspaper notoriety attached thereto," (c) "the anti-vivisectionist who behind this cry diverts attention from his own misdoings." A campaign of education should be started for the really sincere anti-vivisectionist to show him wherein he is mistaken. For the other division, namely, those whose motives for the espousal of the anti-vivsectionist cause are somewhat doubtful, there should be a continual fire of scathing exposure. Many of the really sincere anti-vivsectionists have been led into their mistaken stand on vivisection by the misleading and, in many instances, absolutely false statements given out by the propaganda against vivisection, and could be shown their mistake readily by educational literature of the truth about vivisection in the first place, and the benefits derived from it in the second place. Glance over the make-up of the second division of "antis." In the van in New York City there is a well known paper whose "personal" column for years was a disgrace to the fair name of that city and in fact to civilization itself. The successful fight for the suppression of it is one of the things that New Yorkers thank "yellow journalism" for. The owner of this paper has never found fault with that "noble" sport of shooting pigeons from traps, a most cruel way of murdering a lot of helpless birds for the fun of it. Many are maimed in these contests and die later on. This owner also indulges in week end shooting parties, which is merely another name for a wasteful, wholesale slaughter of birds for "sport." Really it seems as if such a "tender-hearted anti for revenue only" should reform himself some before trying to perfect others. His sermons read "do as I say and not as I do," and his readers, meaning those that read this paper of which he is the owner, should know the man as he is, and not as he pretends to be. As a sample of the second class—the notoriety seeker—one might mention several people who rush into print on the slightest provocation whether they know what they are talking about or not. Every newspaper man and newspaper reader knows the kind. Sometimes under their own names and sometimes under an anonymous name—great writers, ahem—like great actors must have nom-de-plumes, you must know; they send in long letters for the "Public Opinion Mirror" column showing how much better they could run things than the present people are doing, and how everything and everybody is entirely wrong because they have not been consulted. In discussing the third class of "antis" one might be rude enough to ask them about how they treat their employes and their fellow-beings. Do they pay those they employ fair wages? How about those dark, vile, disease breeding holes they own and force human beings to live in? Do they calculate the cost of living even half way like a human being should live, in deciding about the payment of labor? Do they ever think of the care and comfort of any one else but themselves? What about the hours of labor of their employes, are they reasonable ones? When one of the employes is ill do they worry about if the sick has everything or anything that is needed? What holidays or vacation do the employes get? Who has the better quarters in the house, the pet dog or the servant? Would the tendered-hearted "anti" worry most about the dog if it were sick or the servant were she sick? What sort of a room has the hired man got? Do the servants get enough to eat, and which gets the better food, they or the pet dog? These are most impertinent questions to ask these noble-hearted, tender feeling reformers, for they only refer to mere human beings, for of course the pet dog is "molly coddled" to death. Yet strange as it may seem these self same "mere human beings" have feelings, even a little bit more sensitive than the lower animals. It is almost absurd to mention it, for of course none of these "sainted reformers" own horses with docked tails or dogs whose tails have been shortened; or gone to a dog fight, a cock fight, or to a rat-killing contest. They never wear bird plumage on their hats nor aigrettes. The mere thought of possessing a baby persian lamb coat or boa would cause them to faint—with delight. They never eat crabs or lobsters—oh, what's the use of "rubbing it in," for one could go on in this strain through a long list. Yet despite the above list of hypocricies these "shams" try to block the wheels of progressive medicine having for its goal the alleviation of human pain and the cure of human ills, by their silly and selfish uproar. No animal is made to suffer unnecessarily, if at all, in any of the medical research work. If some do at times have some pain inflicted upon them

as a necessity in some endeavor to find out something of benefit to humanity, their number is few and they suffer in a good cause. But you tender-hearted ones who rise up in "righteous" indignation at this, what about those litters of kittens and puppies you have killed off at their birth because you did not want to be bothered with them around the house, or of the pain and suffering you have caused your own household pets by the operation you had performed on them to prevent them from propagating their kind because it did not suit you that you should be so inconvenienced. Doctors everywhere should be missionaries to the public to tell them the real truth in regard to the need for, and the benefits to be derived from, proper vivisection in progressive medicine.

THE MOBILITY OF THE PATIENT AFTER ABDOMINAL SECTION.

As the pendulum of surgical thought swings from one extreme to the other, many radical changes in procedure are brought out, discussed and tried, usually greatly modified, and finally either accepted as an additional unit in the sum of surgical knowledge or discarded as being developed upon false premises.

Of late the question of the early or late mobility of the patient, after abdominal section, has been a subject for wide differences of opinion, and acrimonious discussion.

While it is true that the absolute physical rest of the patient insisted upon during the early days of abdominal surgery, was in somewhat an irrational and even cruel practice, still it was based upon a knowledge of physiology and the principles of the healing of wounds. Since for the rapid and firm union of tissue it is necessary that there be perfect coaptation, absolute rest of the parts, and freedom from infection it follows that these essentials when applied to a celiotomy incision must predicate rest in bed in the recumbent position.

It is not reasonable to suppose that union can in any way be facilitated by the varying tension of the recti, and other abdominal muscles, required to maintain the trunk in the upright position. Furthermore it seems only rational that the shock and constitutional disturbance produced by the inevitable fibrin ferment absorption after operation, and the toxemia always following the administration of an anæsthetic, is best combated by rest and freedom from strain upon the cardio-vascular apparatus.

Again, in the large majority of patients who have undergone celiotomy, there is present the exhaustion and lowered vitality resulting from usually severe illness preceding the operation, illness frequently of long duration and attended by chronic hemorrhage or other conditions, in themselves demanding rest.

It has been urged that thrombosis and embolism are commonly caused by the too long retention of the recumbent position, that patients acquire the habit of invalidism, that the muscles become degenerated and that the loss of time resulting is unnecessary.

This reasoning appears to be in error, since Baldy some time ago collected statistics of several thousands of rest cure cases, and found not one instance of either thrombosis or embolism, even though these patients had remained in the recumbent position on an average of five weeks.

This would seem to prove beyond question that the conditions mentioned are not primarily sequelæ to rest in bed. The other reasons advocated for early mobility are weak and of no real importance.

The result then, of this controversy, seems to be a gain in the immediate post-operative freedom of the patient, earlier turning from side to side and movements of the limbs, but retention in bed for a time sufficient to insure union of all divided tissues, and recovery from the traumatism induced by the operation.

INFANT FEEDING.

When it comes to feeding an infant whose mother for some reason or other cannot nurse it "many are called but few are chosen." This refers to the physicians who, unfortunately for themselves and the hapless infants who fall into their hands, think that infant feeding is too lowly a branch of medicine, if a branch at all, for them to give any of their valuable time and attention to. That it's not medicine but merely a small detail of the nursery girl's work. If it were taking out an appendix —ah, that would be real med— but why make "cutting" remarks. Suffice to say that our greatest pediatricians find it one of the most difficult every day problems in their practice, this "lowly" minor detail that altogether too many physicians leave to the baby food companies and the nursery maid, neither of whom are fitted by education "to tackle the job." Then when the baby has almost been sacrificed to the doctor's carelessness and ignorance, the specialist is summoned to save the child's life, the family given a lot of agonizing worry which could have been avoided and a lot of expense that ofttimes could be illy afforded. And all because the doctor thought that infant feeding was too unimportant for him to bother about. Infant feeding is certainly a most important branch of medicine requiring much common sense and skill, and

every physician should realize this and know, at least, how to feed a normal case properly, for this would reduce greatly the number of abnormal ones. With a little study and care he could also handle properly the "other fellow's" mistakes when they came to him. Most all abnormal cases were in the beginning normal ones, and only improper feeding made them what they are. Whether the percentage method of feeding or the caloric method of feeding is the best is a matter for discussion; they both have their staunch advocates. Probably a judicious combination of the best in both methods is about right with our present meagre amount of knowledge on this important subject. But it is a positive fact that the "guess work method" is absolutely bad, and shunting the responsibility onto "Somebody & Co's. Infant Food" is criminal and an abject acknowledgement of ignorance on the part of the physician. When the doctor orders a feeding for the baby he must know, because he has worked it out, how much proteid, fat, and sugar is contained in that feeding and that it is the usual feeding required for a baby of that age and weight. Just let that "weight" sink deep into your gray matter. It's very, very important. It's the rock that many a feeding case shipwrecks on. A baby nine months old, but weighing only as much as would a normal baby of six months of age, is not liable to do well if put on the food one would ordinarily give to a child nine months old. Again, don't be above studying the stools of the infant. It's part of the art of infant feeding. From them you learn a great deal as to how successful your infant feeding is. You see how well the infant is handling his food in a digestive sense and what changes, if any, are necessary. The weight of the infant must be watched also. It helps some in telling you when to increase the strength of your formula. Rather underfeed slightly than overfeed. One could write much more on this subject, but it would be too much in an editorial in which the aim is to show you that infant feeding is worthy of the attention of the gray matter of the greatest of physicians and despite even our present knowledge the best of us still have a great deal to learn about it to improve our present best methods, which are still far from perfection. Under these circumstances it seems that infant feeding is too important to be beneath the notice of any of us.

EARLY ACCURATE DIAGNOSIS.

The value of accurate diagnosis, made early in a case, cannot be overestimated, and the physician who desires to achieve this very enviable reputation for such ability must be one who has combined theoretical knowledge with clinical practice. One without the other will not take one very far. The diseases we are called upon to treat in our patients have usually one great glaring fault. They refuse absolutely to be just as they are put down in our text books, sad but true, as the purely theoretical practitioner often finds out to his dismay and his patient's cost. Again "self taught Pillins, M. D." is likewise at a disadvantage without a ground work of "book lore," for he cannot diagnose a disease the existence of which is unknown to him or of which he has no knowledge. Therefore it is self evident that theory and practice must go hand in hand. I repeat that the value of early accurate diagnosis every doctor realizes or should, for in most cases "a stitch in time saves nine." In tuberculosis, for example, what a good prognosis can be given when the doctor discovers the case in the incipient stage, whereas in the latter stage of the disease it don't require a doctor to make the diagnosis or to say what the final result will be. In the field of gynecology every gynecologist knows that the hope for the life of the patient is liable to be much more favorable when the cancer is diagnosed in the tiny erosion rather than when the entire cervix is involved, and so on in all branches of medicine. Therefore it behooves all of us to study and to work towards making ourselves accurate diagnosticians of pathological conditions in their earliest stages. One cannot be a specialist in everything—and sometimes not even in one thing—but everyone can know his limitations and act accordingly. No physician is above constant study and clinical work, be he the professor or the youngest beginner, for like in everything else so it is in medicine "the world do move" and new things are constantly arising in all the branches of the profession. Success in medicine can only be achieved by study and work, there are no "short cuts" to the desired goal. The medical man who has no clinical connections where he can see and handle many cases would do well to take under his care gratis a number of poor families for the sake of the clinical experience to be obtained. In this way he would serve both himself and the community at large.

TRAINED NURSES.

There are many evidences that there is trouble in the future for trained nurses. Physicians in many of the large cities now are very much dissatisfied with their tactics. This will not only apply to the large cities, but many of the smaller towns feel disappointed in the methods adopted by the

various nurses' associations. In New York and several other large cities the trained nurse frequently lacks employment. The cause of this may be attributed to several reasons. The New York Medical Record, in commenting on the situation there, says:

"The feeling is universal that the moral plane and professional ideas of the trained nurse are similar to those of the physician. Doubts of the correctness of this conception, however, might be occasioned not infrequently by the experience of physicians in this city at the present day when they have occasion to seek the services of trained nurses from some of the more important registries. The physician who asks for a nurse is frequently obliged to undergo a cross-examination as to the circumstances of his case before one can be secured. The majority of nurses in the registries connected with the large training schools of this city are on record as being unwilling to accept employment in cases which do not come up to their requirements. For instance, Miss A. is registered against night work; Miss B. against contagious cases; Miss X. against patients where there are children in the family; Miss Y. against nervous diseases. An appeal came recently from a physician in a neighboring town to send a trained nurse to care for his very sick child. The request was refused at two of the registries in this city, connected with the large training schools, although at one of them at least there was a long list of unemployed nurses. The reason given for refusal was that the nurses did not wish to leave the city just before Christmas.

It may be said with some justice that the law of supply and demand should apply in the case of the services of trained nurses as well as those of clerks or laborers or of the sale of commodities in general, but among the nursing profession itself there will be a majority to repudiate indignantly the applicability of such a law to their case. They assert and believe that the trained nurse's duty is first of all to be of service in the world of suffering, and secondly to consult her own convenience. At a recent meeting of trained nurses, graduates and students, speeches by training school superintendents and other women high in the councils of the profession showed the prevailing sentiment to be that the time was past for them to solicit favors from the medical profession. The two professions should meet on an equal basis and confer for their mutual benefit. On the same occassion, however, one woman, a teacher of nurses and of nursing, appealed with singlehearted earnestness to student nurses to keep in mind this thought; not how much they could get out of the profession of nursing the sick, but rather how much they could put into it. To give the best of themselves, with the simple old-fashioned idea of making the world a little better. What a contrast!

At a large hostelry in this city used by graduate nurses exclusively there has been a dearth of work and some real privation for many months past. Yet perforce must the physician often go to graduates of rural training schools, undergraduates, and untrained nurses, while scores of our most highly trained nurses remain idle. It would seem to the physician that they refuse his cases at times on unwarranted or trifling grounds. It might be well would physicians make their feeling upon this matter known to nurses generally with the possible result that the best equipped women among the latter may not be led away from the high ideals of their profession even at the risk of occasional personal inconvenience."

It might be well enough for trained nurses to study the methods of doctors, certainly so far as they apply to fees. The writer once thought that it was well enough for the doctor to have a uniform fee, but many years ago abandoned that idea. It is equally as impractical for the nurse to have a uniform fee. Nine times out of ten both the nurse and the physician earn a maximum fee for their services. We must bear in mind, however, that the nurse, like the physician, is not in the profession for money making, but to try to contribute something to suffering humanity.

In a great many instances, when the nurse has to work both night and day and is faithful and skillful and does her duty in every respect, and her patient is financially well to do, six or eight dollars per day is not any too much for her to receive in payment for her services. On the other hand, there are a great many cases that she ought to care for with just as much enthusiasm and be just as faithful and just as willing, at a salary of two dollars per day.

Physicians and surgeons adopt a different rule; they charge a decent fee when the patient is financially able to pay, a minimum fee when the patient is fairly well to do, and nothing frequently when the patient is poor. A nurse, we don't think, ought to be called on to give her services gratis, regardless of the financial circumstances of the patient, frequently it is a doctor's duty to do so.

There is another tendency on the part of organized nurses to boycott certain physicians, and certain hospitals. An association with this inclination does the nursing profession a great deal of harm. Every day they cripple the nurses' influence. The writer has observed several times certain nurses who apparently thought that no sur-

geon could perform an operation except a certain one, her favorite, and she did not hesitate on every occasion to so express herself. Expressions of this kind soon make a nurse unpopular, and without a single exception this class usually fail. If the nursing profession is going to succeed in this country it will have to be very conservative in its various methods. In the large cities of Europe, and in the large hospitals in the various countries, the personnel of the nurses does not compare favorably with that we observe in this country. Why is this? They found that fashionable, well educated, good-looking, ambitious nurses are not of as much value as those that are not so accomplished. In London eighteen years ago, they had the same idea about the personnel of nurses that we now have in this country. They secured young women from first-class families, young women who were well educated, and women who were a high type of womanhood. The medical profession soon began to recognize that their methods were so objectionable that they got another class of women to enter their training schools.

At one time the nurses in that great city had a list of doctors that they boycotted. Dr. Melcom Morris, editor of the London Practitioner, and one of the greatest physicians in London, was one of the medical men who was boycotted, because he wrote a little criticism about the methods of nurses in London.

What the medical profession wants, and what it will have to insist upon, are nurses who will keep the patient properly bathed and comfortable, keep the flies out of the patient's mouth when he is asleep, and those who don't know so much about the origin of the muscles, the functions of the spleen, etc., and those who wont try to tell the patient when the physician is right and when he is wrong in his methods. We are not going to have useful nurses until we insist that they are less theoretical and more practical.

THE PROGRESS OF MEDICINE AND SURGERY IN THE SOUTH.

When we make the statement that there has been great progress made in medicine and surgery all over the country during the last twenty-five years, no one will question the truthfulness of the statement. While we have no desire to make comparisons, we believe that this is especially true of the South Atlantic States.

Of course, for many years in the large cities, the medical centers, the medical profession has been in possession, both theoretically and practically, of all that was known in medicine and surgery. It has only been, however, within the last few years that the physicians and surgeons in the cities and smaller towns of the South have kept pace with their colleagues in the large cities. What has brought this about? Mainly four things, Medical Colleges, Medical Societies, Hospitals, and Medical Journals.

Twenty-five years ago, no doubt ninety per cent. of the medical students of the South Atlantic States went to Northern cities for their training. At present probably not over ten per cent. get their training in Northern Medical Colleges. There has been a great deal said, that was detrimental to small medical colleges. We have never, however, appreciated these criticisms as they have many advantages which are too numerous to enumerate here, certainly so far as the student is concerned. It is common knowledge among medical men that in cities with medical schools, the medical profession as a whole stands out conspicuously in shaping medical thought in that section of the country, and contributes a great deal to natlonal and international medical and surgical knowledge. Why this is the rule can easily be explained. This fact is one reason why the profession as a whole, in the South, stands higher nationally than it did twenty-five years ago, whed we had few medical teachers, compared with the number of today.

The Medical Societies of the South have contributed a great deal towards its advancement in medicine and surgery. The attendance at these meetings is much larger than it used to be—far out of proportion to the increase in the number of physicians. This has been brought about mainly by the leaders in these various medical organizations encouraging all the physicians or members to take an active part in these meetings. When a man reads a paper before a medical society, he is acting in a way as a teacher, and frequently the teacher in any speculative science develops faster in knowledge, certainly for the first few years, than his pupils. This can be applied to the reader of a paper before a medical organization. The tendency all over the country, from the American Medical Association down to the smallest county medical society, is to try to encourage doctors to read papers, the very best that they can prepare. The effect of this is perfectly evident. If a man spends several weeks studying a subject with the view of writing a paper, even if he never reads it, good has been accomplished.

When the North Carolina Medical Society met in Charlotte, the programme was a very large one. The largest in the history of the organization. Possibly a hundred and fifty or a hundred and seventy-five papers were

on the programme; only about half of them, however, were read, but all of them were published in the transactions. There is no doubt that the study required to prepare these papers was worth a great deal to the medical profession of the State. In all probability the careful study and thought given to the preparation of these papers was equal to that given to medical thought by the profession of the State during the entire balance of the year.

It has been stated, and doubtless the statement is correct, that the average doctor in North Carolina does not actually read medicine from a book or journal, on an average of over five minutes per day. If this statement is true, it can be easily seen how the above statement should be appreciated. Consequently, the way to develop medical study and the medical profession of any section of the country, is to encourage all classes of physicians to read papers before their various medical society organizations, The man who participates in the work of the society, is the man who receives the greatest stimulus from attending it. Unquestionably there is a tendency among some physicians to depreciate the country doctorr They may not read papers as beautifully, or express themselves as elegantly as some of the more polished members, who live in cities with better environments, and more facilities, and time for study, but if any one will try to recognize the good points in their papers, they can usually do so. The writer must admit that he never heard a paper read by a country physician, or a physician who lived in a small town, without being benefited. They usually bring out thoughts in their papers that are worthy of study and consideration. It may be crudely expressed, but nine times out of ten it is food for further thought and consideration. Unquestionably there are a great many men in the medical profession, not only in North Carolina, but other States as well, who have a desire to eliminate this class from our medical society programmes. If they succeed in doing it, it will be detrimental, or injurious to the progress of medicine in the South. We ought to more and more appreciate the resourcefulness of the country physician whose judgment is too frequently underestimated.

Another factor that has contributed a great deal toward building up the medical profession of the South, are the hospitals. Many of the large cities of the South have well equipped hospitals. Usually we see associated with these hospitals, surgeons who are not only competent, but who are as skilled as any you will find in New York or in London. They are thoroughly up to date in every respect. Their methods are as complete and as thorough as you will find in the large hospitals in any section of the country.

Fifteen years ago major operations were comparatively seldom performed in the South. Now, in comparison with the population, they are as frequent in our Southern hospitals as they are in the North, or in the large cities in Europe. Now a hysterectomy performed by a surgeon in a small Southern hospital, in a town of fifteen thousand people, attracts no more attention, so far as the hospital help is concerned, than it does in Chicago, or in New York, and there is no doubt in my mind that the majority of the surgeons in these hospitals perform operations with just as much skill, and just as much success as they do in Philadelphia or in Berlin.

The Medical Journals of the South are also doing a great deal to build up Southern Medicine and Surgery. With only one exception they are monthly publications. The tendency of these journals is to build up the profession in the various sections of the South. The policy of this journal, for a great many years, in this respect, has stood out conspicuously. It has always been the editors' preference to publish articles written by physicians from some section in the South, than to publish articles from celebrated physicians in New York or in Chicago. This demonstrates the consistency of this editorial. The Charlotte Medical Journal could get thirty papers a month, written by prominent doctors in the various sections of the country, if it was not known that no one can contribute to its pages, unless they are from this section of the Southern country.

Now, from a scientific standpoint, it would be easy for us in every issue of the journal to publish articles that would be of a great deal more value than are published, but we think the way, or at least it is our method of trying to encourage medical men of the South to write for medical journals, and to read papers before various medical organizations.

The editor was discussing this policy with a prominent New York gentleman a year or two ago, and he was told that that policy of the Charlotte Medical Journal was one thing that made it the success that it is. A medical journal that is published in the South and is written in the North is not a consistent proposition. A Southern journal ought to represent Southern medicine, a Northern journal ought to represent Northern medicine, a Western journal ought to represent Western medicine, and until medical editors grasp this idea, they are not contributing what they should to their respect-

ive localities. The same principle ought to prevail in local and State medical societies.

WHAT SHOULD BE THE LITERARY QUALIFICATIONS FOR PROSPECTIVE MEDICAL STUDENTS.

This is a subject that has received a great deal of attention during the last few years. This is an evidence that it is an important matter to be considered. The writer, several years ago, abandoned the idea that it is practicable for each State to have a uniform literary standard for prospective medical students. This is a question that will have to be regulated by the different States. It would be quite easy to bring this about if it was not for the undesirable acts of politicians.

For anyone to say that it is not necessary for a young man to have a first-class literary training, prior to the time he begins the study of medicine, convinces the writer that he does not understand the situation at all. In the first place he begins the study of medicine with an untrained mind, and nine times out of ten he takes a poor stand in the medical school that he attends. After he begins the practice of medicine, if he is successful enough to pass the different examinations, he goes out in competition with a properly educated class of people, and usually it is not long before the public detects the difference between the educated and the uneducated.

When a physician locates in a city, or in a good sized town, the first time he addresses a medical body, his use of the English language will have a great deal to do in shaping professional opinion of him. He may have a good scientific knowledge, but if he brings out his points in a badly expressed manner, using incorrect grammar, the force of his argument will be greatly crippled, This is not, however, the source of his greatest hardships, for certainly the educated class judges a physician's professional ability by his literary training. It is not one time in a hundred that we see a physician with defective literary training, practicing among educated people in cities.

It is useless to advocate as a primary qualification, to begin the study of medicine, an A. B. degree. It will possibly be years before such a restriction should be advocated. We should, however, require all those who begin the study of medicine to have a literary training sufficient to enter the Freshman class in any of our first-class literary schools. This is not much literary training to require of a physician. It is strange that such a proposition is not acceptable, but as has already been said, politicians who are operating for personal benefit always bob up and defeat a legislation of this kind.

THE COMMON DRINKING CUP SHOULD BE ABOLISHED.

The use of a common drinking cup on railroad trains, in railroad stations, and in public and private schools should be abolished. In several sections of the country Boards of Health have discussed this important subject and now in several localities it is a misdemeanor to allow the use of common drinking cups.

The tubercle bacilli has been frequently recognized on these cups, and it is a well known fact that syphilis has been conveyed from one person to another by these glasses.

MEETING OF THE NORTH CAROLINA ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

The meeting of the North Carolina Association for the Prevention of Tuberculosis met in Greensboro last month, which had for its object the promotion of ways and means for the extermination of tuberculosis, was a great success.

It was largely attended by physicians and laymen. There were many earnest business men present who left pressing and important business at home to lend their influence as well as their practical service to this worthy cause. Both Tuesday and Wednesday, day and night, the Smith Memorial Hall was full of interested listeners. It was pathetic to see the earnest faces of these men and women who listened eagerly to the various papers and addresses. They did not go there to be seen of men. They have felt the wounds of the arch enemy of the race. They were there hoping that a way may be found to stay the progress of the dread disease.

It shows the awakening of the State, when we can have such a grand and large gathering like this, of physicians, laymen, and laywomen, to hear what can be done towards stamping out the greatest of curses.

It shows the awakening when our State's chief magistrate came to officially open the meeting, and to show the States interest in the work, and that he was in sympathy, heart and spirit.

The association has cause for congratulations that in his busy time and broad work, the Governor saw fit to go to Greensboro to open the meeting of 1910. Gov. Kitchin delivered an eloquent address. He said in part "that he had declined scores of invitations, every month, but owing to the importance of the purpose of this association he felt it incumbent upon him to make particular effort to be present." He said: "Of course I cannot make a speech on tuberculosis; there is no necessity for it, even if I could." He said: "We all know that no man can do a great life's work without health. We all know that no people can

do the great things for themselves, or for others, without health, strength, energy and alertness—the anxiety to accomplish things, that I believe some one has called "nervous energy," are the essentials without which nothing great can be done in this world. The doctors are largely responsible for the health of the public."

He congratulated the State for this meeting. He said: "I have seen larger assemblies, but when I look over the gathering and see men who have made success in this State, I believe I can truthfully say that I never faced a more intelligent audience than this."

He congratulated those who prepared the program for the meeting. He congratulated physicians for what they are doing in every line—"that they not only did great things for health, but were for good roads, better agricultural methods, education, sanitation, improvement in conditions of factory labor, and everything that pertains to make life more comfortable and safer."

He urged the public to stand by the doctors. "The doctors can't do it all. It depends upon the people whether they will protect themselves against these enemies of mankind." He said: "The public will stand by the doctors." He said "that whatever he could do, either in his individual or official capacity, he would gladly and cheerfully do, in order to promote the object of the meeting."

His address was in hearty vein and met with long applause. The program was fine in its entirety, and every paper was a gem.

Among the invited guests who spoke were Drs. Woods Hutchinson and Livingston Farrand, of New York, and Dr. Charles Wardell Stiles, of Washington, D. C. This was indeed a very important meeting, not because of the number of people who were there, but because of the mission—no greater movement in behalf of the State was ever started. The time when sacrifice and service of fellowmen ought to be realized, and ought to be carried out, is when the world is ignorant of the necessary and important things to be done to advance humanity.

J.

EDITORIAL NEWS ITEMS.

Dr. Garland P. Moore, of Cape Charles, Va., has accepted the appointment of surgeon of the Public Health and Marine Hospital Service, attached to the American consulate in the city of Kobe, Japan.

Dr. Moore has been a practicing physician in Cape Charles for twenty years. He graduated in medicine from the College of Physicians and Surgeons, Baltimore, Md., in 1886, and has been a Fellow of the Medical Society of Virginia since 1902.

Dr. L. B. Morse's Sanatorium, which has been located for several years at Chimney Rock, N. C., has been moved to Hendersonville, N. C. Many improvements have been made in the equipment of the Sanatorium, and its p.esent location is ideal. The Sanatorium building is attractive, and has all the necessary conveniences to meet the requirements for the treatment of tuberculosis.

Dr. W. C. Wile, editor of the New England Medical Monthly, on account of age, and feeble health, has retired from editorship of that valuable and well known periodical.

Dr. Wile has been editor of the New England Medical Monthly for a great many years. During that time, and before, his writings have been of much value to the medical profession throughout the country.

He was very fond of the South. He seems to enjoy coming down in this section of the country in the winter more than going anywhere else. His active connection with journalism will be greatly missed.

Dr. S. W. Pryor, superintendent of the Magdeline Hospital, Chester, S. C., is making preparations for the enlargement of the building which the hospital now occupies. Two new wards will be added to the second floor, besides other important improvements made.

Dr. W. C. Lyle, a very prominent physician of Augusta, Ga., has been elected secretary and treasurer of the Georgia Medical Association, to succeed Dr. Caudle Smith, of Atlanta, who resigned the position some time ago. This election was made by the councillors of the association on March the 10th.

The Second District Medical Society of Georgia held its annual session in Albany, Ga., on March 23rd. The meetings were held in the new Albany Aotel, with a number of the most prominent physicians and surgeons of the State present.

On February 12th the Board of Councilors of the Medical Society of North Carolina elected Dr. E. J. Wood, of Wilmington, N. C., First Vice-President of that organization, to act as President of the Association at the next annual meeting, which will be held in Wrightsville, June the 15th.

This election of Dr. Wood to the Presidency is on account of the death of the late

Dr. James A. Burroughs, who was elected president at the last meeting of the Society.

This action of the Councillors was in accordance with the by-laws of the Society, which read as follows: Section 11. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of his death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

The graduating exercises of the class of 1910 of the Danville General Hospital Training School for Nurses, was held in Danville, Va., on March the 22nd.

The class consists of the following young women: Misses Caroline Barr Warrenton, Sarah Maude Kearns, Florence Ivy Chandler, Blanche Dixon Kearns, Edna Elizabeth Dodson, and Julia Floe Kearns.

The Georgia State Medical Society will meet in Athens, Ga., on April 20th. Great preparations are being made, and it is expected that this will be one of the best meetings in the history of this association.

The Medical Society of the State of South Carolina will meet in Laurens, S. C., on April 20th. The physicians of Laurens are making preparations for the entertainment of the visiting physicians, and the meeting will in all probability be a great success.

Mr. L. H. Kaplan, of Anniston, Ala., who died on March 7th, left the greater part of his $100,000 fortune for the purpose of erecting a free public hospital in Anniston.

The Louisville Society of Medicine was incorporated recently in Louisville, Ky. The membership is to be limited to thirty physicians who must be residents of the city.

The Seventh District Medical Society of Georgia held its semi-annual meeting at Dalton, Ga., March 10, 1910. The following officers were elected: President, Dr. J. P. Bowdoin, of Adairsville; Vice-President, Dr. T. S. McLain, of Calhoun; Secretary and Treasurer, Dr. H. L. Erwin, of Dalton.

Marriages.

Dr. John D. Hunter, a prominent young physician of Rayne, La., was married on the eighth of February to Miss Ora Kelley, of the same place. They were married at Lake Charles, La.

Dr. Hunter graduated in medicine from the Memphis Hospital Medical College in 1902.

Deaths.

Dr. J. O. Coggins, formerly of Equality, Ala., died in Denver, Colo., on March 27th. He was thirty years of age. He studied medicine at the University of Alabama, at Tulane University, New Orleans, La., and at the University of Michigan. He was a prominent practicing physician until his health failed about eighteen months ago.

Dr. J. F. Schaffner, Jr., one of the best-known and most prominent physicians of Winston-Salem, N. C., died on March 24th at Dr. J. C. Walton's Hospital, in Richmond, Va.

Dr. Schaffner was thirty-five years old, and was a man of great merit and professional ability. He received his medical training at the University of Pennsylvania, from which institution he graduated in 1889. Since his graduation in medicine he has practiced his profession with great skill in his home town, Winston-Salem.

Dr. Schaffner received his license to practice medicine in this State in 1900, and joined the Medical Society of North Carolina in 1903. He was also a member of Forsyth County Medical Society.

Dr. Raymond B. Harris, one of the best known physicians of Savannah, Ga., died at his home there on March the 15th. Heart failure was the cause of his death.

Dr. Harris graduated from the Savannah Medical College in 1859, since which time he has been very successful in the practice of his profession.

Dr. J. W. Bailey, a physician of great prominence in Southern medicine, died at his home in Gainesville, Ga., on March the 24th. He had been practicing medicine in Georgia for a great many years. His success as a physician was marked from the first, and in a few years after the beginning of his professional career he had built up a very remunerative practice.

Dr. Bailey was Vice-President of the National Medical Association, chairman of the Board of Health of Georgia, and President of Hall County (Georgia) Medical Association. He graduated in medicine from the Atlanta Medical College in 1860.

Dr. R. B. Moore, one of the oldest and best known physicians of Gwinnett county, Ga., died at his home in Auburn, where he had practiced medicine for fifty-one years, on March 18th.

Dr. Moore graduated from the Kansas City Hospital College of Medicine, Kansas City, Mo., class of 1865.

Dr. Frank W. Nelson, a prominent practicing physician of Bedford county, Va., died on March 8th, after a long illness. Heart disease was the cause of his death.

Dr. Nelson graduated in medicine from the Jefferson Medical College, Philadelphia, Pa., in 1880.

Dr. George M. Bazemore, the oldest medical practitioner in Bradley county, Tenn., dropped dead at his home in Cleveland on the night of March 24th. Heart failure was the cause of his death. He had been practicing medicine in Bradley county for forty-one years.

In 1861 Dr. Bazemore graduated in medicine from the University of Nashville, Nashville, Tenn., and in 1874 from Bellevue Hospital Medical College, New York City,

Review of Southern Medical Literature

Gulf States Journal of Medicine and Surgery, January, 1910.

Pellagra—Not Established that It Comes from Bad Meal.—Dr. C. Thorington says that in support of the parasitic origin of pellagra we need only briefly review the peculiar characteristics of the disease.

First, it appears to be infectious. Dr. J. M. King, of Nashville, Tenn., reports eleven cases occurring in an institution of charity at Nashville as the result of one case having been brought there.

Second, the clinical course of the disease closely conforms to that of other parasitic diseases, and not that caused by grain poisoning.

Third, there is a periodicity about the development of pellagra, the spring causing it to become active after having passed a stage of latency during the colder weather.

Fourth, its geographical distribution—tropical and sub-tropical—is that of other diseases of parasitic origin.

In view of the great mutability of all theories, one must be ever cautious in accepting them, unless by the advancement of science they are placed among the treasured facts. Malaria existed many decades under the mistaken etiology of "bad air," or miasm, in fact, from this derived its name, and since it has been absolutely determined that the disease is due to a blood parasite (plasmodium malariæ) malaria is now a misnomer. Should any further facts be disclosed as to the cause of malaria it will merely be an addition to science, and will in no wise weaken the present accepted views.

It is true that the specific organism has as yet not been determined, but this may be due to staining difficulties as was the case in yellow fever and many other diseases.

The Blood in Pellagra.—Dr. E. M. Mason says that in common with other workers, his findings have been in accord with these figures, though in severe and late cases the anemia may be, and usually is, very profound.

The leucocyte count has been variously reported. The authors quoted above found a slight elevation, their counts ranging from nine to ten thousand per cubic millimeter. Others have found normal or diminished numbers of white cells. My own cases have shown, as would be expected, a degree of leucocytosis in patients with very pronounced or infected skin lesions, while milder types of the disease have given normal or slightly diminished counts.

The relative increase in the large mononuclear cells noted by some authors, as well as the rarer eosinophilia of others, is not fully established. With reference to the eosinophilic increase, it is well to bear in mind the frequent association of helminthiasis with pellagra, and the co-existence of other infections, notably malaria, must likewise be ruled out before an increase in the large mononuclears can be attributed to pellagra. Should a regular lymphocytosis of the large mononuclear variety be finally determined it would constitute a strong argument in favor of the parasitic (protozoon) theory of the disease.

Abnormal and unusual cell forms are not common in the early stages of pellagra. Later, poikilocytosis is often noted, with numerous microcytes.

As yet, all methods of staining have failed to demonstrate the presence of any organisms in the blood cells.

Atlanta Journal-Record of Medicine, January, 1910.

Some Cases of Surgical Shock with Remarks.—Dr. J. G. Earnest quotes Dr. E. Boise:

"When we regard surgical shock from the standpoint of the clinician and when we reason from physiological facts which are beyond dispute as to the conditions which we see in shock, we are forced to the conclusion that the true pathology of uncomplicated shock is a hyper-irritation (a spasm) of the entire sympathetic system.

As a matter of fact, when surgeons speak of shock as a result or complication of an operation, they are dealing with a condition where it is often difficult to say which plays the major part, the reflex influence transmitted through the nerves, the effect of the anæsthetic on the nerve centers or the loss

of blood. The resulting condition, no doubt, in most cases being the outcome of the combination.

Observations on Anaesthesia.—Dr. W. W. Jarrell prefers for a mask, Esmarch's inhaler with four thicknesses of gauze upon it. The chloroform should be given drop at a time. Begin deliberately, and should the fumes be too strong, remove the mask and give the patient a breath of air, for this takes little time, but does much to compose the patient. It is well that the anæsthesia be done away from the operating room, for the confusion incident to the preparation is disconcerting to the patient. One-half hour before the operation, give 1-100 of a grain of hyoscine with ¼ of a grain of morphine, which, I fancy, quiets the patient's apprehension, and predisposes him to sleep. Engage the patient in conversation on some mutually interesting topic, keeping their attention fixed as the anæsthesia progresses, whereby, you will find, they will gradually and peacefully glide into unconsciousness without struggling. The small quantity of anæsthetic required will surprise you. Toward the close of the operation, discontinue the chloroform so that consciousness will return with the application of the dressing, for nothing is to be gained by protracting the anæsthesia. The surgeon should cooperate with the anæsthetist to render the operation as short as possible.

The Alabama Medical Journal, January, 1910.

Dressing for Burns.—Dr. G. A. Hogan thus describes the dressing;

The burnt area being sponged off with sterile normal salt solution, apply the perforated oil silk directly to this area. Upon this put sterile gauze, cotton, and bandage. The perforations allow drainage and at subsequent dressings the gauze is removed, also that part of the perforated oil silk which does not adhere to the burn. This oil silk which has been removed may be used after being cleansed in normal salt solution and applied as before.

Following are some of the advantages derived by using this dressing:

1. It is rarely necessary to give opiates.

2. There is very little pain in applying or changing this dressing.

3. These perforations afford better drainage than be obtained from the use of other dressings.

4. There is a minimum amount of danger of infecrion, for by using this dressing there is practically an absence of traumatism in changing the dressing and the drainage is better.

5. The oil silk seems to act as a skin graft and healing is more rapid.

First Aid to the Injured.—Dr. W. S. Rountree points out that first aid was not taken up in America until 1897, when some of the Northern railroad companies put a few First Aid supplies on their trains and gave certain of their employes books of instruction. About this time several of our large cities organized societies and started this most humane movement. In 1899 Dr. M. J. Shields, of Scranton, Pa., was the first to have organized the First Aid Corps for mine work in America, and after six or eight years of persistent effort succeeded in getting a few of the coal companies in the Northern States to take up the movement, and it has gradually spread until all the coal companies in the anthracite region of Pennsylvania have organized First Aid in some form in and about their mines.

This corps at present works with the precision of a machine in the time of trouble and is greatly facilitated by use of First Aid boxes placed in different parts of the mine, which contain bandages, sterile gauze, picric acid gauze, carron oil, carbolized vaseline, and aro. spts. ammonia. We have also specially constructed ambulance cars for the removal of injured men from the mines. This method is far superior and more humane than the old way of bringing men out in coal cars, which aggravated their injuries and made shock more severe. On arrival of the ambulance cars to the surface the injured man is examined by a surgeon, transferred to an ambulance, and sent home or to the hospital.

Virginia Medical Semi-Monthly, Jan. 7th, 1910.

Suturing of Nerves.—Dr. J. S. Horsley says that an abundant incision should be made and the dissection should be kept as dry as possible, for staining of the tissues with blood often obscures portions of the nerve and results in unnecessary traumatism in identifying the nerve itself or its important branches. Strict asepsis is also important, as suppuration after nerve suture either results in total failure or seriously impairs the result. This is as we would expect, for the high grade nervous tissue is more profoundly affected by suppuration and its destructive process than a lower grade simple tissue of higher resistance would be. The nerve trunks should be dissected free with a sharp knife for a sufficient distance to obviate tension when the nerve stumps are brought together. The nerve should either be handled with the fingers, or else forceps should catch its sheath and not the body of the nerve for fear of crushing some of the fibers. If some of the nerve hss to be resected a sharp knife should be

used and the nerve cut squarely across. The first and most important suture is placed through the center of each stump a short distance from its end. This should be tied so as to bring the stumps in apposition, but without too much tension. Other sutures are placed around the nerve as reinforcing sutures and penetrate the sheath only. In a large nerve, more than one suture may be used to transfix the nerve. For suturing material, I use 20 day chromic cat-gut No. 0. The needle is either a Hagedorn or a fine intestinal needle.

If possible, the line of sutures should be covered with a flap of fascia or muscle to prevent contraction around the sutured area. This procedure, which has been recommended by Murphy, is very valuable.

Fractures Involving the Elbow Joint.—Dr. A. R. Shands' experience has convinced him that the open method of treating fractures is the correct one, and that the sooner it is generally adopted, the fewer stiff and deformed elbows we will meet with. The operative method requires but little, if any, more time than is required in the efforts at manipulating the bones into the proper position, and with manipulation one can never be sure that they are in proper position or that they are to remain there, whereas when one has cut down on them and secured them in position there is a very comfortable feeling that all is going to be well. The same amount of anesthesia that is needed for manipulations will suffice for the operative measures; hence the operation under antiseptic precautions adds nothing to the risk of the patient and insures perfect results.

Treatment of Typhoid Fever in Private Practice.—Dr. L. H. Pate believes that hemorrhage from the bowel does not offer much opportunity for direct treatment. In a majority of cases the best we can do is to maintain body heat by the application of external heat. If the circulation becomes feeble a hypodermoclysis of normal saline is used once, twice or thrice in the succeeding twenty-four hours, as the case may require. There are no astringents to be given by the mouth by which we could hope to reach the affected part. A small ice bag applied to the belly, at the same time hot water bottles to the extremities, may do good by influencing the circulation in the intestine, Opium at this time may do good by diminishing peristalsis.

The treatment of perforation consists of giving opium to relieve pain and employing heat and stimulants, and an abdominal operation at once if circumstances admit of it at all.

Borderline Phthisis.—Dr. C. F. Beeson points out some of the earliest signs as follows:

Often there is an undersized heart, with a relatively lessened arterial blood pressure. The skin of the body becomes a marble white, and often areas of brown pigmentation, the so-called "liver spots," may be seen. A close observer may note that the eyes are too bright and that perhaps one pupil is larger than its fellow at times, due to an irritation of the ciliary nerve through the cervical sympathetic from slight changes in one apex. The lips may show a bluish tinge from deficient oxygenation, or the margin of the gums show an unusual redness. One cheek will often show a transient flush and with remarkable frequency occurring on the same side as the lesion. The hair becomes brittle and the moustache droopy. The appetite is variable and uncertain, a vague nausea at the sight of food being often present and at his meals the patient will often push aside the meat, nibble at it or avoid it altogether. Decided variations in appearance may be noticeable from day to day, more especially with the changes of the weather. The weight may fluctuate, or there may be a gradual loss thereof, the flesh becoming flabby. The person fatigues easily, becomes tired and languid; this with or without an afternoon fever may be the only symptom for months. The breath seems to have become shorter and he cannot do the work he formerly could. The temperature will be found to fluctuate greatly, often subnormal during mornings, and with or without an afternoon rise, the thermometer registering slowly, often requiring from five to ten minutes to reach a half degree.

New Orleans Medical and Surgical Journal, January, 1910.

A Common Disease We Treat Daily.—Dr. J. J. Robert says that the treatment of the paroxysm is purely symptomatic—rest in bed, hot drinks (chloroform), and external heat during the chill, cooling drinks, cool sponging, and cold to the head during the fever, frequently drying with a warm towel during the sweating stage. During the fever Acetanilid grs. iiiss, Caffein Citrate gr. ss, Sodium Bicarb. gr. i. This can be given in a single tablet and the dose repeated in a few hours *if indicated*. After the paroxysm the patient should remain quiet and his diet should be nutritious and easily digested. With children, pregnant women, and people showing an idosyncracy for quinin, good results may be obtained from the use of quinidin given either in a powder or in simple syrup.

Occasionally, however, cases will be met

which fail absolutely to respond to the above treatment. To overcome this obstacle one tablespoonful at a dose—each dose representing Quinin Sulphate grs. X, Aromatic Sulphuric Acid m XX to XXX, Tincture of Opium m XV—XXV, and enough *filtered saturated* solution of Magnesium Sulphate to make out the dose. This dose is given in water at the same hours the capsules had been given and, in the words of an old darky, "It's a nasty dose but it usually fetches the case." The opium aids in overcoming the headache and the unpleasant symptoms of cinchonism and also promotes through diaphoresis; the magnesium sulphate overcomes the constipating effect of the opium and secures good elimination by the bowel, while the acid serves to render the quinin soluble and quickly assimilable.

The Pure Food Laws of Louisiana Considered Particularly in Reference to Physicians and Druggists.—Dr. H. P. Jones does not know upon whom lays the greater part of the blame for the enormous and promiscuous use of patent and proprietary preparations, but certainly a great part of the blame must rest with the physicians when an examination of numerous druggists' prescription files shows that over 50 per cent of all prescriptions written and filled contain one or more proprietary or patent preparations.

This astonishing and abominable state of affairs points to the conclusion that there must be a great lack on the part of the medical profession in the art of prescribing, and knowledge of the contents of the U. S. Pharmacopœia, the National Formulary, and the Dispensatory, coupled with lack of sureness of knowledge of the action of important drugs and also seems to point to a certain amount of laziness and unwillingness to study. How many physicians own any of the above mentioned standard works? How many depend upon the traveling salesman for so-called "new wrinkles and tips?" Is it not infinitely harder to carry in one's mind the variety of facts necessary to the proper prescribing of a proprietary preparation than it would be to thoroughly master the few drugs that are really worthy of consideration and use.

Virginia Medical Semi-Monthly, Jan. 21st, 1910.

Notes on Hematology of Pellagra.—Dr. C. H. Lavinder concludes:

1. That there seems to be present in pellagrins a fairly constant secondary anemia, usually not of a severe type, with corresponding qualitative changes in the red blood cells.

2. That leucocytosis is rarely seen in pellagra, and that this is probably not a phenomenon of uncomplicated pellagra.

3. That the results obtained by various workers on differential leucocyte counts are very discordant, and that conclusions should be drawn therefrom with much hesitation.

4. That nothing resembling a protozoal parasite has been reported as observed in the blood of pellagrins.

5. That I have found, in a limited experience, the blood of pellagrins in South Carolina uniformly sterile in cultural work and not infective for ordinary laboratory animals; and that I have not been able to isolate Tizzoni's microorganism.

Education of the Public on the Cancer Problem.—Dr. Southgate Leigh says that the education of the public on the cancer problem must come primarily from the medical profession, a profession which has, especially during the last few years, done so much towards the prevention and spread of disease.

Much has been accomplished already through the individual examining and instructing of patients, but much more remains yet to be done in that and other ways. The matter could well be taken up judiciously by the press, and probably the most good to the public would come through the various boards of health. These last could distribute appropriate literature, as has been done in the old country, calling attention of the people to the dangers of cancer, its curability, and telling them in plain words the various signs and symptoms pointing to that dread disease, and finally urging them to apply promptly to the regular medical profession in the event that any of these "danger signals" are observed.

Either in individual instruction or in public talks, stress should be laid on the "fact that in nearly all cases the disease is strictly a local, curable affection, and, further, that in many cases there is a pre-cancerous stage in which the trouble is not cancerous, but later develops into that disease."

Medical Antagonism.—Dr. F. L. Biscoe says that the emmanuel movement, as it is termed, was originated by the Rev. Elwood Worcestor, of Boston, Mass., and consists in the following:

1. As an attempt to bring the mind into a normal and healthful condition, freeing it from such enemies as fear, anger, hallucinations and fixed ideas.

2. As an attempt to improve physical conditions by mental conditions. They assume that the majority of functional disturbances are caused by mental disturbances. That when the mind is restored to a state of health and peace, physical weakness and painful

symptoms very frequently disappear.

3. The scope of psycho-therapy as an independent remedial agency is limited to the above class of disorders. It is of little apparent value in positive insanity and in progressive mental diseases, and that it is useful only as a subsidiary means of combating true diseases.

It is unfortunate that this movement has the moral support of church-going people, for they are the most susceptible of all people to influences, both good and bad. Taking advantage of this fact these healers will enthuse their followers to the point of fanaticism, make them believe that there is no disease except as it rests in the imagination of a disordered mind, and convince them that the healers themselves are divine emmissaries endowed with superhuman powers by the Almighty. Thus it is easy to understand that if this delusion is not promptly dispelled there will come widespread disaster to thousands of people.

The Treatment of Enlarged Prostate and of Chronic Prostatitis with Electricity.—Dr. J. C. Walton points out that according to Snow, this current acts as follows: (1) The actinic effect is due to the ozone and nitrous acid evolved at the site of contact of the electrode with the tissues —products of decomposition. (2) The phoretic action of the current whereby these and other medicinal substances are conveyed into the tissues. (3) The effect of the current in inducing local hyperemia, thereby bringing into the tissues involved an increased quantity of arterial blood with an increase of phagocytosis, and (4) the electric action of relatively large ampere currents which may have some action in bringing about the pronounced effects associated with the relief of localized infection.

As the majority of men and boys have or have had gonorrhea, and as statistics state that 70 per cent. of the laparotomies in women are caused by specific infection, and as this disease is considered by many men of no more gravity than a bad cold, no serious importance being attached to it, the case is sadly neglected, becomes latent and is probably never cured; the victims become disseminators of infection and add their quota to the great social evil.

Lawson Tait said that where syphilis had slain its thousands, gonorrhea had slain its tens of thousands.

Book Notices.

A Practical Treatise on Diseases of the Skin. By John V. Shoemaker, M.D., LL.D., Professor of Skin and Venereal Diseases, Materia Medica, Therapeutics and Clinical Medicine in the Medico-Chirurgical College and Hospital of Philadelphia, Pa.; Member of the American Medical Association, of the Pennsylvania, New Jersey and Minnesota State Medical Societies, of the American Academy of Medicine, of the British Medical Association; and Fellow of the Medical Society of London, etc. Fifth edition, revised and enlarged. Illustrated with 29 half-tone plates containing 40 figures, nearly all original. Philadelphia: F. A. Davis Company, Publishers. 1909.

The fact that the fifth edition of this work on the Diseases of the Skin, will in a measure say for itself how it stands in medical literature. In this edition electrotherapeutics has received especial attention, and much stress is laid upon the value of Roentgen rays in the diagnosis and the treatment of this class of diseases.

Many new additions of plates have been made. It will be observed that the author of this book has given a full and thorough account of all well-known and accepted remedies of the treatment of diseases of the skin.

This volume is neatly bound, well indexed, and contains 1012 pages of reading matter. The price of the book bound in cloth is $6.00, half-morocco $7.50. We take pleasure in recommending this valuable volume to the medical profession.

Transactions of the Twelfth Annual Meeting of the American Gastro-Enterological Association held at Atlantic City, N. J., June 7 and 8, 1909.

This book, though small, is well bound, and contains a great many valuable articles which were read before this meeting. The officers of this Association are as follows: President, Julius Friedenwald, Baltimore; Vice-Presidents, W. B. Cannon, Boston, and J. A. Lichty, Pittsburg; Secretary and Treasurer, Charles D. Aaron, Detroit; Councillors, H. W. Bettmann, Cincinnati, J. P. Sawyer, Cleveland; S. J. Meltzer, New York; Committee on Admissions and Ethics, C. G. Stockton, Buffalo, J. Sailer, Philadelphia, and F. W. White, Boston.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Phila-

delphia, U. S. A. With the Collaboration of Wm. Osler, M.D., John H. Musser, M.D., A. McPhedran, M.D., Frank Billings, M.D., Chas. H. Mayo, M.D., Thos. H. Rotch, M.D., John C. Clark, M.D., James J. Walsh, M.D., J. W. Ballantyne, M.D., John Harod, M.D., and Richard Kretz, M.D. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Volume I, Twentieth Series, 1910. Philadelphia and London: J. B. Lippincott Company. 1910.

This, like all the other volumes of the International Clinics, is one of great interest and value to the medical practitioner, as well as to the student of medicine. There are a great many illustrations in this edition, all of which are of an extraordinary type. Each subject discussed in this volume is thoroughly prepared, and this book can well be classed with the others of the series.

The volume is neatly bound, containing 301 pages of carefully indexed reading matter. It gives us a great deal of pleasure to recommend this book to the medical profession.

Confessions of a Neurasthenic. By William Taylor Marrs, M. D. With original illustrations. Philadelphia: F. A. Davis Company, Publishers.

This little book is indeed very interesting, and the illustrations are well brought out. It shows the Neurasthenic in all the stages of his life, his fears of disease, etc.

The book is neatly bound, and contains 114 pages of reading matter. The price of this book is $1.00—cloth binding.

Transactions of the Tri-State Medical Association of the Carolinas and Virginia. Eleventh Annual Session held at Charleston, S. C., February 16th and 17th, 1909. Albert Anderson, M. D., President, Raleigh, N. C.; J. Howell Way, M. D., Secretary, Waynesville, N. C. Edited for the Association by J. Howell Way, M.D. Raleigh: Edwards & Broughton Printing Co. 1909.

This volume of Transactions, like all the others of this Association, is indeed one of great value. It contains all the proceedings of the meeting in Charleston, S. C. as well as the many valuable papers which were presented at this meeting. The articles published are of a very high type, and the discussions of same are well brought out, and are very interesting.

This volume is bound in a very attractive, substantial binding, and is well indexed. The volume contains 515 pages of reading matter.

Transactions of the Fortieth Annual Session of the Medical Society of Virginia held in Roanoke, Virginia, October 5-8, 1909. Richmond: Everett Waddey Company. 1909.

This volume, while it appears to be very small, contains a great amount of interesting reading matter. The book is neatly bound in cloth binding, and contains the papers read before that meeting, and also the discussions of same. The register of members in the back of the book is of great service.

The article by L. L. Lumsden, M. D., of Washington, D. C., on "What the Practicing Physician Can Do in the Prevention of Typhoid Fever," is of great value, as well as many others published in this volume.

Diseases of the Nose, Throat, and Ear and their Accessory Cavities. By Seth Scott Bishop, M. D., D. C. L., LL. D., author of "The Ear and its Diseases;" Professor of Diseases of the Nose, Throat and Ear in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital, and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, to the Chicago Hospital School for Nervous and Delicate Children, and to the Silver Cross Hospital of Joliet; Formerly Surgeon to the Illinois Charitable Eye and Ear Infirmary, to the South Side Free Dispensary, and to the West Side Free Dispensary; One of the Editors of Laryngoscope, etc. Fourth Revised Edition. Illustrated with ninety-four colored lithographs and two hundred and thirty additional illustrations. Philadelphia: F. A. Davis Company, Publishers. 1908.

In this edition we find that many additions and improvements have been made. The subject as it is presented in this volume is in a very compact, yet clear, form. This book was not intended for Nose, Throat and Ear specialists, but for the medical profession at large.

The book is divided into four parts as foilows: Part I. Diseases of the Nose. Under this head there are ten chapters, which thoroughly present the different diseases and treatment of the nose. Part II. Diseases of the Pharynx, which is discussed in nine chapters. Part III. Diseases of the Larynx is discussed in eight chapters. Part IV discusses in eighteen chapters the Diseases of the Ear.

This book is well bound, carefully indexed, and contains 564 pages of reading matter. It gives us pleasure to recommend the book to the medical profession. Price: Cloth, $4.00; Half Morocco, $5.50.

The Psychic Treatment of Nervous Disorders. By Dr. Paul Dubois, Professor of Neuropathology at the University of Berne. Translated and Edited by Smith Ely Jelliffe, M.D., Ph.D., Visiting Neurologist City Hospital; Instructor in Materia Medica and Therapeutics, Columbia University, New York; and William A. White, M.D., Superintendent Government Hospital for Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University, Washington, D. C. Sixth Edition, Revised. Funk & Wagnalls Company: New York and London. 1909.

This book contains some very helpful thoughts along the lines of nervous disorders. As is found in the preface to the book, "The strong optimistic tenor of the book, its simple, untechnical language, and the directness with which its philosophy is applied to life, make it capable of becoming a vital fact, not merely to physicians, but to every one who has pondered on the relations between the psychic and the physical; to every one, indeed, who honestly desires to keep down the sum total of needless suffering in the world."

Along with the most interesting pscyhological considerations of this volume is found a description of the methods used by the author in his practice of psychotherapy.

The book is nicely bound, well indexed, and contains 466 pages of reading matter, and it is with pleasure that we recommend this book.

A Text-Book on Practical Obstetrics. By Egbert H. Grandin, A.B., M.D., Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; Associate Surgeon to the New York Maternity Hospital; late Obstetric Surgeon and Consulting Obstetric Surgeon to the New York Maternity Hospital; late Obstetrician to the New York Infant Asylum; Fellow of the American Gynæcological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, of the Congress of American Physicians and Surgeons, etc. With the collaboration of George W. Jarman, M.D., Gynæcologist to the General Memorial Hospital; late Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynæcological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, of the Congress of American Physicians and Surgeons, etc., and Simon Marx, M.D., late Surgeon to the New York Maternity Hospital, and late Lecturer on Obstetrics New York Post-Graduate Medical School; Fellow of the New York Obstetrical Society, of the New York Academy of Medicine, etc. Fourth Edition, Revised and Enlarged. Illustrated with forty-one full page photographic plates and one hundred and sixteen illustrations in the text. Philadelphia: F. A. Davis Company, Publishers. 1909.

This edition constitutes practically a new book, because of the vital changes in practice and in technique. The latest views on bacteriology and the toxæmias have been added, and the entire subject of the surgery of labor and of the puerperal state has been re-written.

It occurs to us that the aim of the authors of this book has been accomplished in this volume, which is brevity, accuracy and practicability.

This volume is neatly bound, carefully indexed, and contains 538 pages of instructive reading matter. It gives us pleasure to recommend this book to the practitioner, and to the medical student.

Modern Medicine. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimcre. In seven octavo volumes of about 900 pages each, illustrated. Volume V, Diseases of the Alimentary Tract. Just ready. Price per volume: cloth, $6.00, net, leather, $7.00, net; half morocco. $7.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This great work goes steadily forward to completion, the fifth of the seven volumes now being fresh from the press. It covers the great field of Diseases of the Digestive System and furnishes a thoroughgoing and authoritative exposition of a group of primary importance. The convenience of having the whole of the great divisions of disease in single volumes has evidently been borne in mind, and the same idea of logical classification and arrangement has been carried out even to the paragraphing, so that any desired item of information can be quickly found. Nothing could be simpler or better than the uniform presentation of each disease in sections dealing with the cause, pathology, symptoms, diagnosis, course and prognosis, and treatment. The paramount importance of the latter is recog

nized in the fulness with which it is considered.

Modern Medicine differs from anything undertaken in the past in at least one very important particular, namely its cosmopolitanism. The world is a unit in these days of quick communication, a fact that is vastly beneficial to its inhabitants. The leaders of medicine are scattered through all civilized countries, but engaged in the same quest of knowledge wherewith to combat disease. This knowledge would be confined within very small circles were it not for some means of diffusion, such as Modern Medicine, which carries it to all who read English, a large section of mankind. Professor Osler has distinguished himself both as a great physician and a great editor. He not only knows medicine and is interested in every part of it, but also knows the men who are doing the best work everywhere. Consequently he has been able to select the best authority for each subject, and moreover to secure his co-operation. Such is the advantage of prestige and position.

Politics and the Public Schools.

I have been unable to find in more than a few States a condition of affairs anything like moderately ideal. This is largely due to the fact that the smaller political units which raise the taxes insist on having a preponderant influence in everything affecting the schools. It is only recently that there has been a decided improvement in this respect. Pennsylvania has taken a long step forward by preparing an excellent code. It failed of passage, but some reforms are sure to follow.

What seems most essential just now is that we be able to get the best teachers for the public schools, since on them depends more than on any other factor in the situation. When teaching becomes an honored and well paid profession its claims of localities will cease. Teachers will be selected according to merit, without regard to residence. In Germany mayors are hired just as here railway presidents are secured. The cities go where they can get the best talent. The mayor of Berlin, whose salary, all things considered, is greater than that of the President of the United States, was hired from a small city in the southern part of the Empire. To an extent, that system prevails now in the higher grades of teachers in the public schools, but it is still a lamentable fact that the great majority of primary and grammar school teachers in the country depend upon some influence or political pull to secure and maintain a position. This evil is growing somewhat less, but it ought to be abolished. It is a reform that need not wait a moment.—From "What is Wrong with Our Public Schools," by Joseph M. Rogers, in April Lippincott's.

Abstracts of the Leading articles of the months.

Mobilization of Ankylosed Hip-Joints. Meyer (Deut. Med. Wochensch.) refers to a series of cases of ankylosed hip-joints in which more or less benefit was obtained by the interposition of a flap of soft parts—a procedure which had been previously employed with success by Professor Vulpius, particularly in ankylosis of the elbow-joint. The case described in detail was that of a woman, thirty-eight years old, with severe kyphosis following spondylitis and a deformity of the thorax, who had suffered thirteen years previously from coxitis, necessitating the use of a crutch. The left hip-joint was completely ankylosed and could not be moved actively or passively, while there was marked shortening of the leg. After the trochanter had been laid bare a fissure was found above it, which was apparently due to a recent fracture from attempts at movement. It was found impossible to free the head and neck of the femur from the pelvis, and the femur was therefore chiseled through above the greater trochanter and the greater part of the head and neck of the bone removed. The remainder was excavated and the shaft of the femur implanted in it, a flap of fatty tissue with a thin, muscular layer being interposed between the two portions of the bone and fixed with silk sutures, so as to form a cushion between them. The muscles were then sutured with silk, and the cutaneous wound closed. The existing overextension of the knee-joint was remedied by inserting a strong silk thread passing from the periosteum of the femur to that of the tibia, holding the bones in a position of flexion. A plaster-of-Paris dressing was applied to the entire leg. At the end of two years the patient had no pains, could easily walk about with a cane, and sit down, which previously was not possible.

Intravenous Anesthesia with Ether and Chloroform.—Burkhardt (Munch. Med. Wochensch.) recommends this method in cases in which general narcosis cannot be employed, but only under the use of the strictest asepsis. It will prove of special advantage: (1) In patients with an impaired respiratory and vascular apparatus, as well as in feeble, exhausted individuals, because it does not give rise to any primary irritation of the respiratory tract with resulting reflex disturbances of the respiration

and heart. It does not affect the blood pressure, and practically obviates any overdosage of the anesthetic. (2) In operations upon the head and neck as a matter of convenience to the operator. (3) In patients with a decided idiosyncrasy or intense repugnance to ether or chloroform. A 5 per cent. solution of ether in sterile physiological salt solution is employed in the same manner as in ordinary intravenous saline infusion. Sufficient of the solution is introduced until anesthesia is induced; the infusion is then interrupted, but resumed as soon as sensibility begins to return, from 30 to 70 ccm. being sufficient to restore the anesthesia. In almost all patients over fifteen years 5 to 10 minims of a solution of scopolamin hydrochloride 0.01, morphin sulphate 0.15, and water 10.0 were administered subcutaneously one hour before operation. In intravenous ether-chloroform anesthesia a 5 or 7 per cent. solution of ether and a one-half of one per cent. of chloroform in saline solution were separately prepared. A cannula with attachment for two tubes was employed, so that both solutions could be introduced simultaneously or alternated with each other.

Indications for Operation in Chronic Inflammation of the Adnexa. Prochownik (Monatsschr. f. Geburtsh.) advices that in obstinate cases of chronic inflammatory disease of the adnexa, in which the patient suffers severely and is not improved by the ordinary treatment, she should be kept under accurate clinical observation for five to six weeks before resorting to operation. Operative intervention is indicated for all patients who derive no objective amelioration of their condition from prolonged conservative treatment, although conservative measures may be attempted if there is any prospect of evacuation of an abscess. Prompt intervention in these cases often enables us to preserve organs and functions. Early operation is undoubtedly indicated for unilateral tumors, which are either positively or very probably associated with appendical disease. In cases in which tubercular disease of the adnexa is associated with other affections, particularly gonorrhea, as well as in those in which it is alone present, surgical treatment should be undertaken only in the event of severe local disease uncomplicated by involvement of the lungs and urinary organs, and then it should always be radical.

Administration of Oxygen in High Percentage. Moore, in The British Medical Journal, contributes an article in which he says that the usual methods of administering oxygen by delivering it from a steel bottle in a constant stream into a tube or funnel or open mask are so wrong in principle as to be practically useless, and it is questionable whether the patient ever gets a mixture containing more than a few per cent. of oxygen above the atmospheric amount, nearly all the oxygen escaping into the air of the room.

The nature of the respiratory process is such that the patient does not require a continuous stream of oxygen bubbling out at or near the mouth, but rather a plentiful reservoir to breathe from rapidly each time he draws his breath. An apparatus based on this principle for continuous administration of a high percentage of oxygen is exhibited. It consists of a collapsible holder, or gas-bag, sealed off from the air below by a water seal, and having in its base four large circular trays containing lime slaked with caustic soda for uptake of carbon dioxide during the breathing. The bag is first filled with oxygen, either made from potassium permanganate or obtained from a steel gas cylinder. The patient then simply breathes backward and forward into the bag through an air-tight mask and a very wide tube. There are no valves to obstruct the breathing, and the carbon dioxide is completely taken up by the soda lime. No discomfort whatever is felt in using the apparatus, nor any difficulty in breathing.

Tetanus Following Hypodermics of Quinine. Rigollet (La Presse Medicale) is of the opinion that the cases of tetanus reported as resulting from the injection of quinine were due to faults in asepsis. Vincent has shown that if an insoluble salt of quinine be injected subcutaneously, and tetanus bacilli be injected soon afterward, these will later be found in greatest abundance at the site of the quinine injection and not at the site of their own entrance. This is believed to be due to the effect of quinine in paralyzing leucocytosis. It is believed by the author that all "antiseptic and aseptic precautions" were used, and that the tetanus was presumably due to spores which were lying dormant, concealed in the body, and were allowed to develop by the devitalizing action of the quinine.

As the hypodermic method of administering quinine is of great benefit in severe cases of quartan fever, it is important to know whetver these conclusions are justified, especially as, in spite of the use of thousands of injections annually, no case has been reported for several years. Rigollet investigated the original records of the tetanus cases, and found that in most instances there had been either an abscess following the injection or local necrosis of the skin. From this he concludes that there was in each case some fault of technique,

resulting in the introduction of the bacteria of suppuration, and presumably of the tetanus bacilli also.

In view of the danger, however slight, it is wise to adopt the following precautions in giving injections of quinine: Injections should always be given by a physician and with all possible precautions against infection. The neutral chloride, which has been shown to possess the power of destroying tetanus spores, should alone be used. The injections should always be given into the muscles rather than hypodermically.

The Treatment of Calcium Oxalate Deposit from the Urine.—Maguire (The London Medical Lancet) thinks the thesis is proved that a calicum oxalate calculus can be dissolved both outside the body and on living urinary passages by acid phosphate of sodium in such a strength of solution as can be produced in the urine of the human subject by the administration per os of an easily supportable dose of the salt. Since in the laboratory experiment successful solution was obtained by such a strength of phosphates as was determined in the urine after the administration of but 1 ounce per diem of acid phosphate, it would seem unnecessary to exceed this amount as a dose, and thus the more disturbing but still bearable effects of 2 ounces, which his patient actually took, may be avoided. It would be desirable that a pure acid phosphate of sodium should if possible be used instead of the mixed compound now dispensed as such. Further, it must be remembered that a calcium oxalate calculus rarely consists of that salt alone, although in all probability it did so in the case he describes, thus explaining why no residue was passed. The stone used in his laboratory experiment had merely a uric acid nucleus, which when deprived of the surrounding oxalate would have caused no trouble in the urinary passages. But it is well known that stones occasionally consist of alternate layers of oxalate and of uric acid. It is conceivable, therefore, that in attempting to dissolve a stone one might have to alternate the solvent, removing the oxalate by acid phosphate of sodium, and then trying to dissolve the uric acid by giving alkaline potassium salts, as recommended by Roberts.

The writer recommended that in all cases of prolonged deposition of calcium oxalate in the urine occasional doses of acid phosphate of sodium should be given to dissolve the deposit and so prevent the formation of a calculus. If "nervous" dyspepsia were the cause of the condition the phosphate so given would not harm, but whether, if given continuously, it would influence the production as well as the deposition of oxalate is a matter which is worthy of investigation, but on which the author has as yet no information to communicate

Renal Tuberculosis.—Saint-Jacques (Le Journal de Medecine et de Chirurgie) says that renal tuberculosis calls for nephrectomy in the absence of contra-indications. In regard to the clinical value of the finding of a typical bacillus in the urine, and the corroboration of its specific nature by inoculation into guinea-pigs, the author states that such finding does not necessarily indicate a lesion of any portion of the urinary tract. Such a finding may be due entirely to bacilluria. The dominant infection in such urine may be streptococci, staphylococci, the colon bacillus. However, there may be a true tubercle bacillus without any local tubercular lesions, and these tubercle bacteria may occur without albuminuria, and may be absent in the presence of distinct tubercular renal lesions.

As to the safety in nephrectomy, Blum is quoted to the effect that in 678 nephrectomies from renal tuberculosis there were 77 deaths, while of 26 cases treated medically 24 died.

In contrast to this Leedham-Green is quoted to the effect that three children, treated in the beginning of a renal tuberculosis which had been characterized by frequency of urination and urinary incontinence, and by albumin and Koch's bacilli in the urine, were cured by the use of tuberculin.

Appendicostomy in the Treatment of Colitis.—Wallis, in The British Medical Journal, reports seven cases of colitis treated by appendicostomy. The first case was one hemorrhagic colitis occurring in a gas stoker thirty-eight years old. He was flatulent, had abdominal pain, and passed blood and mucus. These symptoms were cured by rest in bed, diet, intestinal antiseptics, and buttermilk. Four months later there was a return of symptoms, the proctoscope showing no lesions within reach. Through the appendicostomy opening the colon was irrigated daily with seven pints of saline solution. Cure was prompt, and the appendicostomy opening was allowed to close.

The second case, a woman forty-five years old, suffered from slight abdominal pain, loss of flesh, and a mucosanguineous diarrhea for six months. There was a marked condition of pyorrhea alveolaris. The upper rectum and sigmoid were ulcerated, and from the discharge taken through the sigmoidoscope the streptococcus longus was isolated. The condition of the gums was treated, and the patient was put upon lactobacilline. An appendicostomy was

performed, the patient being washed through with several pints of sodium bicarbonate solution daily. The cure was prompt.

The third patient was thirty years old, and gave a history of ulcerative colitis over some years unbettered by diet and copious enemata. Lactobacilline and flushing of the colon being without effect, appendicostomy was performed and the colon was washed out with five to six pints of warm bicarbonate of soda solution daily. After some months the appendicostomy wound was allowed to close. Thereafter there was a moderate relapse.

The fourth case was a boy eighteen years old, suffering from severe hemorrhagic colitis. This patient began to pass blood fourteen days before he was admitted to the hospital, five or six drachms or even ounces being evacuated with each bowel movement, the latter occurring five or six times a day. The upper part of the rectum and sigmoid were ulcerated. The midline abdominal section enabled the surgeon to determine that the colon was thickened from the sigmoid to the cecum and that there were many enlarged glands in the mesocolon. Appendicostomy was performed and the midline wound sewed up. The large bowel was washed through with five to six pints of saline and finally with some antiseptic solution. The opening was closed in a few weeks, the patient making a complete and rapid convalescence.

The fifth case had suffered from diarrhea for several months, and this was always associated with the passage of blood. There were from twelve to fourteen motions in the twenty-four hours at times. There was some tenderness and retraction of the abdomen. The temperature was persistently high, 101° to 102°. The man was emaciated, and a large amount of the food he took passed undigested. Appendicostomy was accompanied by temporary betterment. The patient perished six weeks later, doubtless due to ulceration of the small intestine.

The sixth case, a lady thirty years old, had suffered from chronic membranous colitis for many years. The amount of mucus passed was often enormous. There was a fair degree of abdominal pain, occasional rises of temperature, and that mental concentration upon symptoms usual in these cases. The appendicostomy was followed by prompt and marked improvement both in the colonic symptoms and general condition. Success in this case was regarded as only qualified.

The seventh patient, also a case of membranous colitis occurring in a woman thirty-five years old, experienced speedy relief.

Angina Pectoris.—Allbutt (British Medical Journal) recommends the following treatment: Never bring on the pain: every renewal of it keeps up the sum of stimuli. If for this end absolute stillness in bed be required, then bed it must be, with corresponding reduction of food. Thus, if at first the attacks are not abolished, they will be mitigated, and will gradually taper off. The subsequent imprisonment must be determined by the sagacity of the physiciant guided by the sensations of an intelligen, patient. At the same time all those measures, medicinal, dietetic, and others, which are known or supposed to reduce arterial pressures will be enforced. Brunton's potent means, the nitrites, are indispensable.

The Girard Method for the Radical Cure of Inguinal Hernia.—Heinsmann (Munch. Med. Wochensch.) says that the Girard method has the advantage over the Bassini in that it does not give rise to the formation of scar tissue, which may afterward yield to abdominal pressure. Besides the two deep layers of suture, a covering of fascia is added, which aids in resisting the variations of pressure within the abdomen. The seminal cord is also protected to a greater extent from compression than in the Bassini method. The following points are considered of importance in the performance of the Girard operation: 1. Scrupulous preparation and asepsis, especially in regard to the suture material (silk preferred by the author). 2. The hernial sac should be isolated, as high up as possible, drawn out and removed. 3. The muscle fibers of the internal oblique and transversalis, as well as the outer margin of the rectus, should be sutured to the posterior wall of the ligamentum inguinalis. Care should be taken to avoid injury of the adjacent seminal artery and vein. 4. The most difficult part of the procedure is closure of the hernial opening at the point of exit of the cord. The operation requires trained assistants, and should therefore be done in hospitals. As regards the statistics, in 137 cases of non-strangulated hernia there were four recurrences, and in thirteen of strangulated hernia two recurrences. This is considered an excellent showing because the patients belonged to the working classes.

Gastro-Intestinal Tract.

"Seng has been used with conspicuous success in all forms of functional diseases of the gastro-intestinal tract. It may be used alone, or in any of the many combinations that the experience of the trained therapeutist will suggest. It has frequently been observed, however, that the administration of Seng after everything else has failed, marks the beginning of tangible relief from distressing symptoms."

Pancreatic Cyst in an Infant.—Telling and Dobson (British Journal Children's Diseases) say that the earliest period of life at which a pancreate cyst has been recorded was six months. In the author's case the situation in which the cyst presented itself, its mobility, the fact that it could be traced directly to the pancreas, and that it was free from all other structures, made its origin quite certain. The absence of ferments in the fluid has been conclusively shown to be of not infrequent occurrence in certain pancreatic cysts. The child was successfully operated upon.

Results in Cerebrospinal Meningitis.—Cohn (Berlin. klin. Woch.) states that of all forms of meningitis the cerebrospinal form gives the best prognosis. The mortality varies from 20 to 80 per cent. in various epidemics. After observing the epidemics of 1905, 1906 and 1907 the writer gives some general conclusions. All the cases were diagnostically confirmed by the finding of the meningococcus of Weichselbaum. In mild cases a complete cure is obtained. In severer ones, and even in the most severe type of cases, a cure without any physical symptoms may be obtained. In severer ones, and even in the most severe type of cases, a cure without any physical symptoms may be obtained. Some appear cured at first, and yet the effects of the disease appear in from two to two and a half years. Four weeks after convalescence is established we may fear the appearance of hydrocelphalus. The complication most to be feared is deafness. While paralysis and optic nerve affections may disappear, deafness is generally irreparable. Agglutination of the blood serum with the meningococcus was noted in 2 cases more than a year after recovery.

Sexual Education in High Schools.—Kemsies (Zeitschr. z. Bekaempf. d. Geschlechts) advises that during childhood and puberty instruction concerning the reproductive processes should be somewhat idealized. Sexual education at home and in the school must be carefully regulated. In the grammar schools the children should be taught about male and female sex, parents, fatherhood, motherhood, impregnation in the vegetable and animal kingdom up to that in mammals. In the classes corresponding to the first years in American high school Kemsies would have the pupils study microscopically the processes of cell maturation, of the union of the two sexual elements, the results of this upon heredity, natural and artificial crossing of breeds, etc. Finally just before graduation, the high school student should be instructed concerning the manner of sexual intercourse among mammals, concerning the dangers of sexual excesses, and also concerning the intra-uterine development of the fetus.

The Duty of the Mother and the Home in the Sexual Education of Children.—Krukenberg (Zeitschr. f. Bekaempfung der Geschlechts Krankheiten) defines the position of the mother and of the home in the matter of sexual education of the young. She denounces the spirit of falsehood and concealment that everywhere pervades the discussion of these subjects in the family. Both school and home are to blame for this system but of the two the home is more to be censured because it is primarily the responsible party for the proper raising of children. Her conclusions are:

1. A special sexual education is not necessary where there are at home healthy and pure-minded fathers and mothers, who will, as occasion presents, from the very onset tell their children the truth in a manner suited to the age of the child.

2. It must be our aim to educate fathers and mothers in such wise that special enlightenment from other sources will become more and more superfluous.

3. Home education has the following advantages over school education: (a) the parent can, as occasion arises, without undue emphasis, give talks upon these subjects; (b) it can be graduated with each child in accordance with its development; (c) it can prevent false impressions from the very start.

4. The home often counteracts the work of the school by an unnatural prudish secrecy or by jests and laughter and equivocal remarks concerning that which the child has learnt in school.

5. The manner of elucidating this subject is often a wrong one. Fanatics in sex education often say too much and lay too much stress upon sexual matters in education. Prolonged repetition of this theme as it occurs in some of the books in sex hygiene, is to be avoided. A short clear answer is all that is needed; further questioning can be turned aside by a tactful change of subject. If, however, questions have been asked, the reply must be truthful, short and to the point, as if the whole thing were a matter of course.

6. The evil of self-abuse should be fought against in early youth, without giving it a name: (a) by careful observation of the child by the mother; (b) by suitable posture during sleep; (c) by warning it against injury to its health; (d) by warning against temptation among school companions.

7. Before leaving the home of their pa-

rents, young men should be told of the dangers of extra marital sexual intercourse. In this instance a pamphlet or a book will often serve a better purpose than a personal conversation. Personally a few words touching upon their sense of honor, and their responsibility toward their future wife and children will be all that is necessary.

8. Girls who must leave home to earn their living, should likewise be duly warned (possibly also by means of a suitable pamphlet).

9. Young girls who remain in the homes of their parents, need not be given detailed information concerning venereal diseases, prostitution, etc.

For them it is sufficient to explain:

(a) That menstruation is a necessary process to allow for the expulsion of material, necessary for the development of a new phase of life.

(b) That marriage for money is a sin against nature, a degradation for life.

(c) That the "sowing of wilds oats" by men before marriage is the cause of much sickness to wives and to the future offspring.

(d) That good health and cleanliness should be their duty, not only for the sake of their future children but also, if unmarried, to make them better fitted for their calling in life.

10. Sex education at home does not require much time but only a sane conception of sexual life on the part of the parents and an open cordial relationship between mother and child. This can be found just as well in the homes of the poor as elsewhere.

Dyspepsia and Early Tuberculosis Infection in Children.—Fordyce, in a recent issue of The British Medical Medical Journal, gives his impressions as regards the administration of tuberculin in obviously glandular infections in children. These impressions were derived from the treatment of about one hundred cases during the past three years. At the commencement he used the opsonic index as a guide, but early found it impossible, and, he thinks, unnecessary, to take the index in selected cases such as these. The condition of the temperature is a sufficient guide for the initial administration and the clinical symptoms thereafter in relation to each injection. The forms of tuberculin used have been Koch's new tuberculin, T.R., and the corresponding bovine tuberculin, P.T.R., the two varieties he originally employed in order to determine their varying results in cases showing different reactions to von Pirquet's test with human bovine tuberculin. The author comes to the conclusion that, no matter to which strain of bacillus von Pirquet's reaction is positive, T.R. is the tuberculin of the greater therapeutic value. The tuberculin was given hypodermically and by the mouth. By the mouth the doses he gave varied from 0.001 milligramme to 0.004 milligramme, and the results were disappointing; only very occasionally was any satisfactory result noticeable. By hypodermic injection the initial dose varied from 0.0001 milligramme to an infant nine months old, to 0.00033 milligramme to a child of twelve years. The injections were repeated weekly or fortnightly and the dose increased at long intervals and by very minute amounts, the rapidity and amount of increase desirable being gauged by the clinical condition. In all cases, diminished vitality or health—apparent in any manner whatever—during the few days following an injection was considered a sign either to diminish the dose or increase the intervals between doses, the conditions aimed at being that after each injection that should continue steady improvement or show a step in advance. In several instances a child while under tuberculin treatment had apparently attained sound health. The tuberculin treatment was stopped for two or three months; the child relapsed, only again to improve on the renewal of the injections. The writer concludes that this treatment is very unsafe when large doses are employed or when the temperature is unsteady. It is quite safe in the minute doses, as stated, when commenced with a practically normal temperature and when the patient is kept under observation. In many cases tuberculin treatment appears to have no definite effect upon the condition one way or another. In cases in which treatment by rest, climate, feeding, and careful nursing can be employed, improvement by these means alone is usually so marked that it is impossible to attribute to tuberculin, when given in these cases, its due meed of praise or to judge whether it takes any part whatever in the improvement. However, when treatment by rest, climate, feeding, and careful nursing cannot be properly adapted, tuberculin is often of very marked value. Those are the patients which otherwise do badly, and tuberculin treatment is with them of the greatest importance: T.R. is as a rule preferable to P.T.R. For routine use the method of hypodermic injection is greatly superior to that of oral administration; the effect of giving tuberculin by the mouth varies very much.

The Cataphoretic Treatment of Sciatica.—Wullyamos, in the British Medical Journal, says that at the beginning of the treat-

ment the patient takes a hot bath of half an hour's duration in order to rid the pores of any fatty matter they may contain, as this offers a strong resistance to the passage of the ions. The electrodes are large plates of lead, trapezoidal in shape, covered with absorbent material. The cathode is charged with a solution of sodium salicylate to 3 per cent. as hot as possible—about 50° C.—the speed and number of ions being proportional to temperature. The patient lies upon the cathode, and the anode is applied to the abdomen, thigh, and leg. The duration of the treatment is from sixty to ninety minutes, and at the beginning of treatment they take place every two or three days. The intensity of the current generally reaches 200 milliamperes. If a patient feels a burn, a layer of caoutchouc is placed between the skin and the electrode at that point. The number of treatments varies between one and fifteen. Remarkable results are said to have been obtained by the treatment and some cures have been effected after the patients had taken long but ineffectual courses of thermal baths.

Hot Baths in Treatment of Superficial Inflammation.—Richter (Munchener Medizinische Wochenschrift) reports his success with the old hot-bath treatment. He has treated 330 workingmen with various injuries of the soft parts, felons, furuncles and phlegmons with the systematic use of local hot baths. The writer orders the patient to put the hand, arm, foot or leg into water as hot as can be borne and to keep it in the water for from half an hour to an hour, pouring in hot water from time to time to keep the temperature at about the same point. This procedure is to be repeated several times a day. A little soda, about half a tablespoonful to a quart of water, is added. He believes that the principle of this treatment is about the same as that of the Bier method, attracting the blood more actively to the part to aid in combating the local infection. The results have been extremely satisfactory. Pus was evacuted by an incision at the proper time.

Appendicitis in Children.—Bogart (L. I. Med. Jour.) claims that he has had a mortality record of 17⅓ per cent. in forty-six cases. The writer finds that other writers report an average of 16 per cent., much higher than in adults. Appendicitis in children is a comparatively frequent disease, insidious in its onset and rapid in its development, with a decided tendency toward the development of general peritonitis, with a fatal termination if neglected; and whatever holds good with regard to immediate operation in the adult is doubly true in children, and no case should be permitted to go for three days without operation. Adhesions are less common than in adults and are extremely friable, so great care must be used not to break through into the peritoneal cavity. Protecting sponges should be avoided when possible as their use endangers adhesions and often spreads infection. Although he used drainage in thirty of his cases, the writer says that it should be omitted if possible.

Tuberculous Testicle in a Child aged Six Months.—Cholmeley, in The London Medical Lancet, reports a case of tuberculous testicle in a child of six months. The scrotum was swollen, red, and very painful and the condition was supposed to have come on after an injury. Under hot fomentations the condition improved, but recurred later when an exploratory incision was made. At that time the skin covering the left half of the scrotum was much reddened, there was a large tender swelling, evidently an inflammatory enlargement of the organ. The cord was thickened, the vas could not be felt. Temperature was normal. Incision was eade in the inguinal region and the thick ned testicle and distended tunica brought out into the wound. On opening the tunica a quantity of turbid fluid escaped. Under the globus major was a small collection of tuberculous-looking pus. The testicle was removed. Two weeks later the child died of broncho-pneumonia following measles. A post-mortem showed tubercle bacilli in some bronchial glands, left pleura, both lungs, mesenteric glands, and left kidney. Examination of the testicle showed no bacilli, but a clearly tuberculous lesion.

The Treatment of Osteomalacia by Adrenalin.—Bernard (Presse Medicale) mentions a case of osteomalacia in which improvement followed the continued administration of adrenalin hypodermically, and in which a return of the disease resulted each time that the treatment was interrupted, showing conclusively that the benefit was due to this agent and to nothing else. The injections were given every other day, and no marked improvement was noted until after the thirtieth. This shows that the treatment must be persevered in, even if no benefit is at first apparent, and in most of the cases in which a failure of the adrenalin treatment has been reported it is probable that the injections were not persevered in long enough to give the method a proper trial. In his case he sums up the results as follows: Arrest of the progress of the disease, healing of the bones, reduction of the deformity, disappearance of pains, recovery of normal function.

The writer advocates a solution of adrenalin in salt solution, of a strength of 1 to 1000, and commences by injecting one cubic centimeter of this solution hypodermically. The injections are repeated every two days at first, but the interval may be varied according to their effect on the patient. Immediately after the injection there may be some palpitation of the heart, some general trembling, and a slight and ephemeral elevation of blood-pressure. If these are very severe the dose should be reduced. Adrenalin injected hypodermically, even at frequent intervals and in large dose, has no tendency to cause that arterial degeneration which follows its intravenous administration. It is more effective when injected than when given by the mouth, and the former method should therefore be used.

The activity of adrenalin in osteomalacia has not been satisfactorily explained, nor has the curative action of ovariotomy. That osteomalacia may be due to insufficiency of the adrenals is rendered improbable by the fact that lesions of these organs are not usually associated with softening of the bones. Experimental work has been contradictory. The theory that the secretion of the adrenals exerts a depressing action on the internal secretion of the ovaries, either because of a vicarious action or directly by an action on the ovary, is not any more likely. The fact that castrated animals live longer than normal ones after capsulectomy is against the vicarious action theory, and the other has no experimental work to support it. That the adrenal secretion has a tendency to cause the retention of lime is no longer believed.

The fact that neither the use of adrenalin nor castration has been constant in its effects would favor the idea that osteomalacia is not a morbid entity, but merely a collection of conditions which have in common a defect in the metabolism of lime. This has been shown by Marfan to be the case with rachitis. It is possible that adrenalin may exert an influence on the osteoblasts, and this should be studied experimentally. But whatever may be the explanation, the fact remains that in many cases of osteomalacia the hypodermic use of adrenalin, if it is persisted in for a sufficient length of time, will bring about an amelioration of the condition. In the case described, 100 injections were needed before the return to health was complete, and it was necessary to give injections afterward to prevent a return of the affection. In many cases it is necessary to interrupt the series of injections every three weeks, and in women it is therefore wise to suspend them for a week at the time of the monthly sickness.

Overfeeding and Underfeeding.—Kuttner (Med. Klin.) deals with the definite indications which should be present to justify a course of treatment by overfeeding or by underfeeding, and with the dangers of continuing such treatment for indefinite periods of time. In the case of adults, overfeeding is instituted as a rule in certain forms of anemia and chlorosis, for nervous and hysterical patients, in malposition of the abdominal organs which depend on constitutional asthenia, for convalescents, and especially in the early stages of tuberculosis. In cases of anemia and chlorosis, an overfeeding cure is indicated only where the condition of nutrition has been previously bad, or has suffered during the course of the illness, and the cause of the faulty nutrition must first be determined. Overfeeding is indicated where an ordinary mixed diet does not lead to an increase in weight, and especially where sufficient rest cannot be obtained. The most suitable method is to give an increased amount of easily digestible fat, as in buttermilk or butter, which can easily be taken in sufficient quantities with the carbohydrates and vegetables, while the proteid contents of the diet should be high—according to v. Noorden, not less than 100 grammes per day. If the case is complicated by disease of the stomach—for example, gastric ulcer—overfeeding may obviously be impossible at first, but functional disorders of the stomach are directly benefited by a methodical increase in the amount of food taken. In each individual case the diet must be varied according to the secretory and motor power of the stomach, and the functional activity of the intestinal tract, and for a good result the tolerance of the organism for carbohydrates and for fat respectively must be estimated.

The condition of the circulatory system and the danger of inducing in certain cases cardiac insufficiency and apoplexy have also to be considered, as well as the condition of the excretory organs. The amount of proteid given is modified according to the age, calling, and habits of the patient, and according to the nature of the disease; in general, the proteid should be gradually increased from the minimum necessary for equilibrium up to the upper limit of the normal. Obviously on these principles the systematic use of the Weir Mitchell treatment in its customary form is not indicated, and indeed Kuttner holds that for neurasthenics, and for most other patients for whom overfeeding is indicated, muscular activity is urgently needed for proteid digestion and strengthening the cardiac muscle.

The danger of carrying too far the over-

feeding cure is a real one. The most important end of the cure is not the formation of fat, but the replacing of the lost organic proteid, the strengthening of the muscular and nervous systems, and the improvement of the condition of the blood, etc.; the longer the overfeeding lasts the smaller becomes the addition of proteid, and the greater the addition of fat. In phthisical patients the immoderate overfeeding cures may lead to serious symptoms of cardiac weakness in addition to the minor evils of obesity and of lessened capacity for work and lessened power of resistance. In severe cases of diabetes the excessive quantities of proteid which are often given increase the amount of sugar, while even in slight cases, or those of medium severity, limitation of the proteids is beneficial. Naunyn puts the maximum of proteids for diabetic cases at 120 grammes per day.

Underfeeding is usually employed in the cure of obesity. A too sudden reduction of weight by an energetic cure may result in the production of low power of resistance to disease or in diffuse inflammation of the kidney. Cases of myocarditis with an arteriosclerotic basis are often benefited by limitation of fluids. Injury is often, however, done by treating all cases of albuminuria on these lines, especially cases of arthritic albuminuria in childhood.

In considering diseases of the digestive tract Kuttner shows the injury done by reducing the amount of food in cases which suffer from slight atony of the stomach and intestine, general splanchnoptosis, and asthenia, in which they are purely functional digestive disturbances. He does not consider a long course of underfeeding justifiable in chronic cases of cholelithiasis in the stage of latency.—British Medical Journal.

The Cremasteric Reflex.—Corner (The British Journal of Children's Diseases) says that a reflex act consists of the contraction of a muscle or group of muscles in response to a sensory stimulus, and the elements necessary for its production are an efferent nerve, a centre and an efferent nerve; the whole being called a reflex arc. The cremasteric reflex is the retraction of the testicle on stimulating the inner and upper aspect of the thigh. It is a type of the superficial reflexes which are caused by stimulating the superficial nerves of the skin. The afferent and efferent nerves for its production are in the trunks of the first and second lumbar nerves; and the "centre" is in the lumbar enlargement of the spinal cord.

He has studied this reflex in 300 cases in order to obtain some knowledge of its natural history.

The cremasteric reflex is not present at birth but makes its appearance in the second year of life. There is considerable individual variation in this, as in some cases it appears as early as the third month and in some cases of defective mental development it was not present at eight years.

Stimulation of the upper and inner portion of the thigh will produce unilateral responses on the same side. But if areas such as the skin of the perineum, the anal region, the penis or prepuce, are stimulated, the response of the testicle is usually equal and bilateral.

He found a reflex in girls which corresponds to the cremasteric reflex of boys. It consists of a reflex contraction of the internal oblique muscle from stimulation of the thigh, lower abdomen or external genitalia. It does not appear until the second or third year of life. It is often very brisk in girls from six to eight years and disappears shortly after puberty.

The results of the author's observations are tabulated as follows:

(1) The reflex is best in healthy children. It is weakened or abolished in ill-health. It has, therefore, some value in detecting or in confirming the detection of malingering children.

(2) Any general disease will weaken or abolish this reflex.

(3) In the early stage of rickets the cremasteric reflex was much weakened and often abolished.

(4) All operations on the inguinal canal temporarily abolished this reflex.

(5) Incontinence of urine—enuresis—is in some cases caused by, and in many cases accompanied by, a superlative excitability of the lumbar centres. In such cases the testicles may be tonically retracted and incapable of responding to a cremasteric reflex. In other cases the condition may be dependent on worms, alimentary disturbances, bad habits, rickets, etc., when the testicles may be dependent and capable of response (or not) to a cremasteric reflex.

(6) In older children and young adults it is of practical importance to note the relation between the condition of the scrotum and the character of the cremasteric reflex. In babies and young children the scrotum is thin. As puberty approaches a layer or collection of involuntary muscular fibres appear in the subcutaneous tissue, the scrotum being thicker and, at the same time, being capable of contraction and relaxation. In healthy, active conditions the scrotum is contracted and rugose, with retracted testicles. In such cases, owing to the position of the testicles, there is little scope left for a cremasteric reflex action. This is the condition in vigorous, healthy adults. In dis-

ease, sickness and nervous conditions the scrotum is often smooth and lax, with pendulous testicles. In such cases there may be a feeble cremasteric reflex retained. The contracted scrotum is dry, the lax scrotum usually moist.

Treatment of Tubercular Peritonitis by Means of X-Rays.—Alaria and Rovere (Arch. de Elec. Med.) report having treated seven cases of tubercular peritonitis by means of x-rays. They claim one undoubted cure out of the seven cases. In one case there was a bad result on account of the generalization of the disease. In other cases there was no bad results if no good was accomplished. It was noticed that the treatment caused a slight and inconstant increase in leucocytosis. They think great care should be exercised in this method of treatment of tubercular peritonitis since its effects are so uncertain. They consider it in some cases positively curative not by destroying the bacilli, but by its stimulation of the peritoneal cells. In the asceptic form they think it of use if used moderately with care, being stopped on the first symptoms of danger.

This report is of special interest to the editor of this department, who has seen several cases of this condition. In fact, the first case of tuberculosis that he ever treated with the x-ray was one of tubercular peritonitis, well marked, and a gloomy prognosis was rendered by two prominent surgeons in consultation. This patient, who was in his sanatorium, heard the nurses talking of the relief a cancer patient was getting from his x-ray in cancer, and nothing else would do but it must be tried upon her stomach. To satisfy her it was done and the relief was so marked that it was used again and continued until she was well, and she is well to this day, nine years since.

The Subcutaneous Treatment of Hernia in Children.—Faulds (Glasgow Medical Journal) states that many cases of hernia in children can be cured by the constant use of a truss, but it is often difficult for mothers of large families to devote the time and attention necessary for success in this mode of treatment.

For cases of simple inguinal hernia, which are readily reduced by the finger, and have no complications such as hydrocele, the author employs a very simple operation.

The hernia is first reduced, and the length of the canal and situation of the pillars of the ring determined by the forefinger. A strong curved needle is then armed with a stout silk thread and is introduced at the top of the opening into one pillar and brought out through the opposite pillar by passing in front of the sac and spermatic cord. The needle is again introduced at the point where it was brought out, passed along the axis of the canal in the subcutaneous fat. The two opposite pillars are pierced at the lower end and the needle again brought out at its original point of entrance. But pulling the sutures together and tying with a tight reef knot, the opening of the canal is closed. The operator should take care that a sufficiently large bite of the pillars of the rings is taken, and that the ligature is firmly tied so that the pillars are brought in thorough apposition.

With proper technique this operation has given the author gratifying results. This operation possesses the advantage that there is practically no risk to the patient, who can be sent home for after-treatment without fear of the wound becoming infected.

Symptomatology of Acute Anterior Poliomyelitis.—Foerster (Berlin. Klin. Woch.) states that in his cases the meningeal symptoms were well marked, not only at the onset of the disease, but also during the whole course, and in a few cases even after the symptoms of paralysis had disappeared. Among these symptoms were pain and rigidity of the neck, hyperextension of head, especially when the attempt was made to lift the upper part of the body by means of the arms. Pain in the back was likewise complained of, especially on passive motion. All the painful muscles were also tender. The Kernig sign was present in a few cases. The condition so closely simulated cerebrospinal meningitis that in some cases lumbar puncture was resorted to as a diagnostic aid. The cerebrospinal fluid was clear under considerable pressure and contained an increased number of lymphocytes. The knee-jerk was not always absent. Ankle clonus was often present at the beginning of the attack and sometimes after the paralysis had disappeared. The Babinski sign was observed at one time or another in all of the cases.

He saw not a few cases with protracted evolution, i.e., where the height of paralysis was not reached before the tenth or twelfth day. Relapses with renewed fever and fresh paralysis were not rare.

He calls attention to a few characteristics of the paralysis. The foot is often spared, when all other parts of the lower extremities are involved. Even when a part of the foot is involved, the toes always remain free from paralysis. The same conditions are seen in the upper extremity.

An interesting series of cases is that of paralysis of the muscles of the abdominal wall. The author saw four cases in which the paralysis began in this part of the body.

The symptoms were dome-shaped abdomen, with bulging during crying or coughing. These patients could not get up from the reclining posture without aid. Marked constipation, not much influenced by laxatives, was usually associated with this condition.

Unmodified Sun's Rays in the Treatment of Lupus Vulgaris.—Thompson (British Med. Jour.) mentions the advantages of the employment of the systematic sun exposures in the treatment of lupus vulgaris where unclouded sunshine and other favorable climatic conditions are constant and dependable qualities.

Eleven cases are reported by other writers, and out of these eight were cured and the remaining three were stationary. Of thirty-four cases of scrofuloderma six cases were greatly benefited, while the remaining twenty-eight were cured.

He reports the case of an old lady who had lupus of the face for twenty-five years. She was recommended by the author to lay out in the sun five hours a day for a period of four months, her head swathed in a cloth and her eyes shrouded with a dark bandage. In about four months her face was found smooth, and the apple jelly nodules which we had seen on her cheeks four months previous to this treatment had completely disappeared. After further treatment she was entirely cured.

The curative factors in the treatment of these cases were the bacterial action of the sun's rays, the tonic action of the air, and the prolonged sunbaths. He mentions the mildness and regularity of the temperatures at Cannes, which allows an open air life! There probably exists no finer climatic conditions for the treatment of lupus or other tuberculous diseases than those we find in the United States. Especially is this true of Colorado, New Mexico, Arizona and California. Three hundred or more sunshiny days out of the year can be depended upon. The atmosphere is clear and the air balmy. The sun baths cannot be so prolonged in that part of the country on account of the heat of the sun. In lupus the diseased part can be exposed while the remainder of the body can be screened.

In the Middle and Eastern States where the sunshine cannot so constantly be depended upon, the cure of lupus can more quickly be accomplished by directing the concentrated rays of the sun upon the patches. MacGowan's method is: "Have the patient sit or lie facing the sun. The operator stands or sits in such a position that he can throw the sun's rays through the line directly on the diseased tissues and change the focus of the instrument at will and at the same time observe the diseased parts which are being treated. All the neighboring parts should be protected with lead foil as is done in Roentgen ray exposures. The eyes of the operator should be protected with dark glass. If the lupus patches are large a large lens with a broad focal distance should be used, on smaller areas a smaller lens of a less focal distance.

The effect sought is: First, to obtain the stimulation from this exaggerated form of sunshine on the sluggish granulations, and second, to obtain the destructive effects following the accurate focusing of the rays on definitely diseased tissues. The lens is held so that the rays while concentrated are not accurately focused on the diseased structures, the lens being moved so that the light rays move around and around the diseased area for from five to fifteen minutes, an occasional short rest being taken to relieve the operator's hand and accustom the patient to the treatment. The rays are then focused accurately on some point in the patch and the lens slowly moved, the focal distance being kept the same over the whole lupus area. The pain at the time is quite severe but bearable. The tissues first redden, individual blood vessels become engorged and expand, grow rapidly edematous, rise above the surrounding tissues and take on a yellowish brown and then an opalescent tinge. This is the time to stop. In twenty-four hours the cauterized tissues dry into a yellowish crust, which remains for a week or so in position before it drops off, leaving a smooth but slightly depressed and undeformative scar. Any point that has escaped may be put to the tuberculin test, and a second treatment given.

On the Treatment of Nevus by Radium.—Jones (British Medical Journal) says that the fact that vascular nevi are favorably influenced by the radiations of radium is now well known, and cases of the successful use of radium in this condition have been recorded by numerous writers. Something still remains to be learned of the details of the procedure to be adopted in the employment of radium in these cases, and the following observations are based upon the treatment of twenty-four cases in the electrical department of St. Bartholomew's Hospital.

His specimen of radium consisted of 5 mg. of radium bromide, with a radioactivity of about 50,000—that is to say, of about one-quarter of the strength of the pure salt. It is enclosed in an aluminum capsule or button 1 centimeter in diameter, and is so fixed in the capsule as to form an even layer, giving off a uniform radiation from the whole front surface of the button in any position. The application to a nevus is made by fix-

ing the button on the part with a piece of adhesive plaster, and a layer of thin guttapercha tissue is generally placed between the button and the skin. The time of the application has generally been for one hour, but the writer now thinks that a somewhat longer time—say an hour and a quarter—would be better.

In order to simplify matters the nevi selected for treatment have been small ones of about the same size as the radium button, so that the whole area of the nevus might receive identical treatment. All have been actively growing, florid nevi in young babies, and all have undergone retrogressive changes after the first application of the radium.

The general behavior of a nevus after an application is that a reaction begins in the course of about five days. This reaction shows itself first by an increased redness of the surface, followed very soon by a gradual flattening of the nevus if it has previously been raised; then the surface becomes less florid, a little desquamation or the formation of a thin, dry scab takes place, and this falls off and reforms several times, while the nevus continues to become paler and of more indefinite outline. At last it fades away and the skin assumes a natural appearance, retaining for some time a faint pink image of the original nevus.

No formation of a sore or moist oozing surface has been observed, and the part seems to need no after-dressing. The whole process of evolution takes a month or six weeks, the later stages being somewhat slow. No pigmentation of the surface has been observed.

The action of the radium is very strictly localized to the surface in contact with the button, and probably this may be explained in part by the fact that the aluminum capsule containing the radium is fixed in a brass holder, which has the effect of encircling it with a ring of brass, which would certainly obstruct the passage of the rays through the rim thus formed. In several of the cases treated a portion of the edge of the nevus or a small satellite nevus has been outside the edge of the button, and has persisted or has even continued to grow, while the treated central part of the nevus has been retrogressing favorably.

When the nevus has been smaller than the button the healthy skin surrounding the nevus is acted upon, and an inflammatory reaction is produced, so that the mark of the button is made visible, and has usually remained as a red patch for about three weeks before clearing up.

An interesting point in support of the theory that radium acts more particularly upon young and actively growing tissues is to be found in comparing the effect of radium upon nevi with its effect upon the port-wine mark of adults. Although radium is useful in the latter, the author has found that longer exposures are required to obtain the desired effect, and that the amount of reaction in the skin over a port-wine mark is less than is seen in the skin of a baby.

In a case of stellate nevus in a girl of 11 years an application of the radium button for an hour produced a lively reaction in the skin, but when this had cleared up the stellate nevus was seen to be unchanged, and its little central vessel could be seen to pulsate as before, when the surface was viewed through a glass compressor.

Of the total number of cases under review, twelve, or one-half, have been completed with a single application. Six have required a second application, four are not yet completed, but are markedly altered for the better, and two have been treated with a very low-grade sample of radium for periods of two and four hours without any marked result as yet.

Delayed Chloroform Poisoning.—Barrett (British Journal of Children's Diseases) mentions a case which resulted in death sixteen days after a minor plastic operation. The child was a girl, aged 2½ years, and had received a burn some months before on the buttocks; as a result of this the nates were bound together by a band of cicatricial tissue. The operation, chloroform being the anæsthetic used, lasted from fifteen to twenty minutes. A few whiffs of chloroform were given on the second day after the operation, while the wound was being dressed. On the third day after the operation the child was restless and feverish. She vomited several times during the day, and the following night. The bowels were confined. The vomiting continued during the fourth day; it might be described as persistent. The temperature often reached 102° F., and the child was evidently extremely ill. There were no physical signs present, and the usual treatment for gastritis was carried out. On the fifth day the vomiting continued, and the condition was aggravated. Delayed chloroform poisoning was then suspected, and, on the urine being examined, acetone, diacetic acid and a trace of albumen were discovered. The utmost measures were taken for the relief of the condition. Half a drachm of bicarbonate of soda was given every four hours. Saline injections and nutrient enemata were given when thought necessary, and later in the illness transfusions of glucose. The bowels were kept free, and the child was dipped in a warm bath every day and wrapped in

blankets. The latter measure had to be stopped, as it was too weakening. In the last week of the illness "air-hunger" was well marked, and the child lapsed into a condition of semi-unconsciousness. The vomiting occurred seldom. The child wasted much, and was evidently dying. During the last five days, the fæces became clay-colored, showing a condition of acholia, due, no doubt, to fatty degeneration of the liver. The pulse at the end became irregular. Taurocholate of soda and sulphocarbolate of soda were given as hepatic stimulants, but with no benefit. The condition became worse, delirium was present, and the case at the close resembled one of tubercular meningitis. The treatment was continued without interruption to the last. Bicarbonate of soda was given in large doses as injections and transfusions. It became impossible to give food by the mouth. Some days before death the urine was again examined. Acetone and diacetic acid were present, one in increased amount. The end came quickly on the sixteenth day after the operation. The child lived an unusually long time, and knowing that cases of recovery had been reported, the treatment was persisted in to the end, and at times the possibility of cure was thought of. No post mortem examination was permitted, but there can be little doubt but that the case was one of delayed chloroform poisoning.

Tuberculin.—Wilkinson, in a recent issue of the London Practitioner, says that two chief reasons are urged against the general use of tuberculin in diagnosis: (1) It is supposed that tuberculin may aggravate the condition. (2) Tuberculous lesions are so common in the healthy that a tuberculin reaction does not help the diagnosis. 1. The aggravation is due to the reckless use of tuberculin. Heedless of Koch's express limitations and restrictions, men were found ready and eager to inject tuberculin even into patients who at the best had but a few days to live. It will take years to undo the mischief of that reckless and insane misuse of a valuable remedy. Koch's warning was unheeded in the wild delirium of the moment. Koch stated that the remedy was especially valuable in the early stages of tuberculosis, and numerous witnesses vouch for the truth of Koch's statement that in such cases tuberculin is a most useful remedy. In early cases the benefit of tuberculin treatment had been demonstrated again and again; but in spite of treatment with the old tuberculin, the disease may relapse. Because the remedy has fallen short of popular expectations, it has been decried and condemned as useless and harmful. 2. Is tuberculosis so common that the tuberculin test loses its value altogether as a diagnostic agent? This argument is much more solid and more difficult to dispose of, especially when we bear in mind that even a tuberculous lesion in man may be due to the bovine type of the tubercle bacillus and cause a reaction to tuberculin, although such a lesion has little or no tendency to progress in adult human beings. Now, if we accept the view, that at least pulmonary tuberculosis is not related to the bovine type of tubercle bacillus, and pulmonary tuberculosis represents eleven twelfths of all the tuberculosis that occurs in man, we at once reduce this error to one in twelve. As far as observations in adults go, the great majority of tuberculous lesions outside of the lungs are also due to the human type of bacillus. Thus the margin of error is still further reduced, though as yet we cannot fix accurately the degree of this reduction. So far as statistics help us, the bovine type does not appear in more than one-third of the lesions, other than those of pulmonary tuberculosis, even when the statistics have been drawn from cases in which special pains were taken to discover lesions that were more likely than others to yield the bacillus of the bovine type; and these cases were almost wholly children, not adults. Both the investigations of the German and English commissions, little as they may agree in other points, agree on this point, that even in young children the human type is more commonly found than the bovine type. Wilkinson concludes that tuberculin is invaluable in the early stages of pulmonary tuberculosis when the symptoms are related to other organs—heart and blood vessels and blood, digestive organs, especially the stomach, and even the muscles, nerves, bones, and joints—especially symptoms of the rheumatic type. The enormous improvement in the general health—gain in weight and especially gain in energy—and the complete disappearance of the rheumatic pains must profoundly impress any one who has witnessed the remarkable change from invalidism to first rate health. By using tuberculin we may correct the wrong diagnosis of those who trust to the superficial evidence of physical signs.

General Spinal Analgesia.—Jonnesco, in The British Medical Journal, says:

1. The fundamental principles in spinal analgesia are that puncture of the arachnoid may be performed at all levels, and that to the anesthetic, whether stovaine, tropacocaine, or novocaine, strychnine should be added.

2. Puncture of the arachnoid at whatever level is harmless, and the fear of pricking

the cord unfounded; even if it happens it is not harmful.

3. Mediocervical puncture is useless and dangerous; mid-dorsal puncture is difficult and useless; superior dorsal puncture between the first and second dorsal vertebræ, and dorsolumbar between the last dorsal and first lumbar vertebræ, are easy, and suffice to obtain analgesia of all regions of the body.

4. The addition of neutral strychnine sulphate to the anesthetic preserves the full anesthetic power of the solution and at the same time neutralizes its injurious action upon the bulb. Thanks to this addition, superior spinal analgesia can be perform d without danger.

5. Among known anesthetic substances, stovaine, tropacocaine, and novocaine seem to be the best; any of them may be used with the addition of strychnine.

6. The strychnine and the anesthetic substance need not be sterilized—a process which would destroy some of their properties.

7. The water used for making the solution must be sterilized but not distilled.

8. The injection should consist of 1 Cc. of solution, the amount of strychnine and anesthetic substance being varied.

9. The technique is simple, requiring only a Pravaz syringe and the usual needle for lumbar puncture.

10. There are no contraindications for general spinal anesthesia, which always succeeds if the liquid penetrates into the arachnoid cavity and if the dose of the anesthetic is sufficient.

11. General spinal anesthesia is absolutely safe; it has never caused death, nor produced any important complications, early or late.

12. General spinal anesthesia is infinitely superior to inhalation anesthesia. Owing to its simplicity, it is within the reach of all, and as there is no contraindication it may be employed with any patient. As it can be performed by the surgeom himself it does away with the attendance of a person often inexperienced, and never responsible.

13. In operations on the face, or the throat, where analgesia by inhalation is difficult and often incomplete, spinal analgesia is a great resource. In laparotomies, owing to the "abdominal silence" it determines it is very much superior to analgesia by inhalation.

14. The facts stated in this paper will prove how in science a condemnation *a priori* like that pronounced by Professors Bier and Rhen is precipitate and ill-founded.

15. The author is firmly convinced that general spinal analgesia will be the analgesic method of the future.

Utero-adnexal Sclerosis Outside of the Menopause.—Brignolles (La Gyn.) says that sclerosis of the uterus and adnexa, especially the ovaries, is quite frequent in young girls and women, as well as during the menopause. Occurring in these young women, it is due to repeated attacks of pelvic congestion, and progressive circulatory troubles, occurring during the period of sexual life and disabling the patient because of constant suffering. If in any way there is produced an extra-physiological congestion, active or passive, the genital apparatus reacts and suffers, and later a chronic congestion is established. The number of cases of ovarian sclerosis is estimated at 16 per cent. of all gynecological troubles. The sclero-cystic ovary is diseased in varying degrees and the amount of suffering varies. It produces profound alteration of the nervous and general system and complications involving the digestive system. This condition exists even in the young girl. Pain is a most important symptom, varying greatly in degree, occurring at first at the menstrual period, and later ten days before the period, in some cases lasting the greater port of the month. The intermenstrual pain comes on suddenly, and intensely. The menstrual pain is accompanied with nausea and vomiting. Prolapsus of the ovaries occurs, either to the side or into the posterior culdesac. Intercostal and spinal neuralgia accompanies the other symptoms, and pain on defecation and urination during the periods of congestion. Changes in menstruation include dysmenorrhea, with very intractable hemorrhages following the menstrual period and continuing almost through the month, metrorrhagia, and amenorrhea. Leucorrhea, the sign of persistent congestion, also occurs. The physical signs are unimportant. Bimanual and rectal palpation give valuable information, showing intense tenderness of the diseased and prolapsed ovaries. The ovary may be very small in pure sclerosis, or several times its natural size in the cystic form. The uterus is larger than normal, and indurated, often retroflexed, and generally mobile. The digestive symptoms include constipation, membranous diarrhea, and all kinds of indigestion. There is severe pain in the lumbar region on exertion. Nervous symptoms are of all sorts, including excitement and neurasthenic symptoms. The thin type of patient is irritable, bad tempered, and changed in character and intelligence; the fat type is stupid and prone to lie listless in fear of increasing her sufferings. He says that although there are cases of sclerosis due to gonorrheal or other infection, most cases are not due to this factor. Constipation, diseases of the heart and lungs, dis-

placements of the uterus and adnexa, and tumors are etiological factors. The author gives a careful exposition of the points of diflerential diagnosis between this affection of the genitals and others.

Specific Treatment of Tuberculosis Pulmonum.—Ritter (Deutsch. med. Wochenschrift) superintendent of the sanitarium of Hamburg, has been treating his patients without tuberculin, while tuberculin has been used during the last five years. He is very much pleased with a careful tuberculin treatment. Best results are obtained in patients without fever in the first and second stage of the disease, who have sufficient resistance, but also in the third stage marked results may be seen. The author's favorable opinion of the tuberculin treatment is based on the historicæ morbi given in his article, and in the marked increase of improved and discharged patients during the last five years. No danger is attached to the tuberculin treatment, if carried out under the necessary precautions. The treatment should last at least three to four months and should not be neglected in any sanitarium. In private practice, however, this treatment meets with too many difficulties to be used.

The Supposed Risks Attending X-Ray Treatment of Ringworms.—Cooper (British Medical Journal) says that we are faced with these questions:

1. Have we any record of injury to the brain?

2. Is such injury possible?

3. If it is possible, how can we avoid it?

To the first question the answer is emphatically, No. Half a dozen workers between them have reported 12,000 cases, and not one instance suggestive of interference with development or other brain injury has been noted. For his own part, the author has treated over 180 cases by the fractional method, and given 2000 doses with Sabouraud's pastilles, and knows of no injurious result to the brain.

With regard to the second question, we must first consider what is the smallest dose that could cause injury. The author's own experience has been that a smaller dose than one pastille has a temporary stimulating effect, while any dose over one pastille tends toward inhibition, and destruction of function. Whether his figures are right or wrong, it is scarcely conceivable that any part of the brain could receive a full pastille dose, while if the figures are correct the dose is infinitesimal.

Granting, however, the possibility of such injury, the author would limit such possibility to cases in which a hard tube is used. All possible risk is eliminated when the patient is treated with a moderately soft tube, especially if Adamson's five-exposure method is employed.

Lastly, what of idiosyncrasy? The only example the author has encountered was a case in which the patient was first treated by the fractional method without result; then a pastille dose was given slightly exceeding tint B, and still neither epilation nor dermatitis occurred.

Treatment of Puerperal Infections.—Pinard (Annales de Gynecologie et d'Obstetrique) summarizes the results obtained in 58,213 confinements which occurred during his practice from 1883 to 1885. Of this 0:15 per cent., 0.068 per cent. were delivered spontaneously and 0.086 had complicated labors. The total morbidity as judged by a temperature over 38° C. (100.5° F.) was 11.72 per cent. It is apparent from the tables that there has been a very considerable reduction in both morbidity and infective mortality in the later years of the series, the former being 25.76 per cent. in 1890 and only 5.64 in 1908, while the latter was 0.33 in 1890 and 0.12 in 1908.

In the light of those very favorable results it is interesting to learn the routine adopted by Pinard in his clinic. At the beginning of labor the patient has a bath, and the external genitals are cleansed with soap and water and a solution of 1 in 4000 biniodide of mercury. This is followed by a vaginal douche of the same solution, and a pad of aseptic wool is applied to the vulva. The attendant does not wear gloves, the hands being soaked in biniodide solution and as few vaginal examinations as possible are made. After the birth of the child a vaginal douche is given, and another after the expulsion of the placenta, a pad of aseptic wool being then applied. In the puerperium no vaginal douches are given, but the external genitals are bathed twice daily: If the membranes have ruptured before the patient is admitted, or if vaginal examinations have been made outside, a prophylactic injection of 40 c.c. of antistreptococcic serum is given on admission and an intra-uterine douche after labor.

In the treatment of septic cases Pinard has got better results since adopting the routine use of antistreptococcic serum in 1896. The writer gives large doses, beginning with 40 c.c. (Pasteur Institute serum), night and morning for three or four days. Some patients have had as much as 600 c.c., and he has seen no bad results. In addition to the use of serum he employs intra-uterine douches, and emphasizes the necessity of beginning them early and not repeating them too often. Curettage of the uterus has not given him good results, and

he only resorts to it in cases where there is obviously membrane or a piece of placenta retained. This is probable when the fœtor of the lochia continues in spite of intra-uterine douches. In order to be effective in such cases the curetting must be done at an early stage,

Dystocia Due to the Cord.—Berthier (Gaz. des Hop.) states that labor may be delayed by the structure of the umbilical cord. It may be so short as to prevent the descent of the fetus. In this case the mother feels a constant pain in the uterus. A marginal insertion of the cord or a low insertion of the placenta may cause dystocia. There may be adhesion of the cord to the placenta or the fetus. When the cord is too short the pains are weak and irregular, labor is long, dilatation poor, and pain severe. Operative interference may be necessary to deliver the patient. If the placenta becomes separated hemorrhage is severe; inversion of the uterus may result from traction on the cord. The cord may even be ruptured during the descent of the fetus. Short cord favors deflexion of the head, and breech or shoulder presentation. Another form of dystocia may be due to the winding of the cord about the body or neck of the fetus. It may cause intra-uterine amputations, or strangling of the fetus. Pressure of the fetus on the cord causes stasis of the circulation or anemia of the bulbs and cerebral centers of the child, and death results. The most important etiological factors are narrowing of the pelvis and low insertion of the placenta. Prolapse of the cord is another complication of labor. It seems to be of little use to replace the cord, if it has become prolapsed, since it cannot be maintained in position except by the use of a balloon, which at the same time hastens dilatation. Labor must be hurried in whatever way is possible. Some authors believe it to be an indication for an immediate Cesarean section, no matter what is the amount of disproportion between the pelvis and the fetus.

Treatment of Puerperal Convulsions.—Little (Jour. Obst. Gyn. Brit. Emp.) has evolved the following general rules for treatment: Minimize the use of narcotics and anesthetics. Chloroform is rarely indicated for the control of convulsions, but should be used when general anesthesia is required for examination or delivery. Immediate delivery is advisable, particularly when the child is viable. In the majority of cases the onset of labor is more or less intimately associated with the onset of convulsions; accouchement force—preferably Harris's method followed by version—has given the best results. Immediately after delivery, if not before, the stomach should be washed out, and several ounces of magnesium sulphate, well diluted with warm water, should be introduced through the tube. The patient should then be sweated by means of a hot air bath or hot pack. If convulsions recur after delivery, and particularly in post-partum eclampsia, the best results are obtained by withdrawing 700 to 900 c.c. of blood from one of the veins of the forearm. A large quantity of fluid (forced fluids) should be given for several days, and the amount so given should be carefully tabulated for comparison with the amount of fluid eliminated in the urine and stools. If the excretion is inadequate, repeat the sweating and purgation. Do not allow the patient to become water-logged. Careful records of ingestion and excretion should be kept for at least ten days, as the involution of the uterus has a marked effect on the general metabolism, particularly between the sixth and ninth days.

Chondroma of Mammary Gland.—Davidsohn (Zentralbl. f. Gynak.) mentions a case where a woman, aged 51, underwent amputation of the right breast for cancer. In the left breast lay a very tough, circumscribed growth of the size of a cherry. It was enucleated with the greatest ease. On microscopic examination after the employment of suitable staining material—kresyl violet—the growth proved to be a true enchondroma, the cells being characteristic, whilst the stroma was pure chondrin. It was not a mixed growth, being free from cancerous elements, glandular structures, or connective tissue. Davidsohn dwells on former observations. Birch-Hirschfeld found that chondroma of the mamma was rare, and usually directly combined with cancer. Virchow only trusted three earlier reports of chondroma in the breast. He remarked that cartilaginous tumors were extremely frequent in the dog, sometimes as a solitary growth, at others involving all the mammæ. Foucher reported an instance of chondroma of the male breast, which Virchow considered doubtful. Ribbert considered that chondroma of the breast was always part of a mixed growth. On embryological grounds it is not surprising that cartilaginous new growths should be uncommon in the mammary gland, but Davidsohn implies that great care should be exercised about the staining of sections of tumors, especially when their appearance is doubtful. In this example, where precautions were taken, chondrin was detected but it might easily have been overlooked.

The Therapeutics of Malaria.—Nocht (Dtsch. Med. Wchschrft.) says that the great and only specific against malaria is

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quinine. Among the very numerous methods of administration the procedure of R. Koch has been found the most serviceable, in which gram doses are given, beginning with 1 gram of quinine a few hours before the expected attack, and continuing for several days; then a pause of three to seven days, interrupted by quinine administration on two successive days. This method was very successfully modified by the author in such a way that instead of giving 1 whole gram once daily, this amount is distributed over five doses at 0.2. Unpleasant side manifestations are usually avoided in this manner. Next to the free quinine base quinine hydrochlorate is the most useful. Ingestion by the mouth is recommended as preferable, as aside from the danger of abscess formation, the absorption of the remedy takes place too slowly when quinine is injected intramuscularly. In addition to the specific treatment, symptomatic measures are indicated during the attack. During recovery the formation of blood should be assisted by means of iron and arsenic; the organism should be strengthened by the use of tonics and a suitable diet; an existing neurasthenic condition must not be overlooked. A change of climate is often beneficial.

The Technique and Use of Chloroform Narcosis in Military Surgery.—Merrem (Deutsche Mil. Zeitschrift) discusses in great detail the effect of chloroform on respiration and circulation, the technique of chloroform narcosis and its significance in military surgery.

According to Dumont, every surgeon using chloroform narcosis on a subject of heart disease, and losing his patient while under its influence, is responsible for the death. Verneuil states that deaths due to chloroform are more frequent when the assistants change in the surgical clinic. Some authorities deny chloroform in inhalation narcosis on account of its danger. Deaths from chloroform anesthesia lay in the fact its fatal action is independent of the narcosis. The author is of the opinion that chloroform is the best narcotic for military use. The method consumes the least time; physically exhausted, the patient is saved any further mental excitement, and the technique is the simplest. For the safety of the patient, he demands, first, purity in the chloroform; second, a sufficient supply of oxygen; third, a proper preparation of the patient.

While he has reached conclusions that chloroform is the best anesthetic for general narcosis in military surgery by careful investigations, many other earnest investigators have reached the same conclusions concerning ether and other narcotics. As long as all anesthetics have their advantages and disadvantages, every careful surgeon is likely to choose the anesthetic to the best interest of his patient. His arguments lure to conviction, but, when the end is reached and conclusions drawn, it is difficult to see that we are any nearer the solution of general narcosis than we were at the beginning.

Operation for the Correction of Projecting Ears.—Ruttin (Wiener Klin. Wochensch.) makes the statement that he has not obtained satisfactory results from simple excision of the skin of the back of the ear and linear suture. Although excision of cartilage may be necessary in some cases it can usually be avoided. It has the disadvantage that injury of cartilage may be followed by perichondritis and resulting deformity. The method advised by the writer consists in first determining, by placing the auricle against the side of the head, how much skin would be required to cover the posterior portion of the auricle after the ear has been fixed in a correct position. This having been outlined, a bow-shaped incision is then made about 1 cm. behind the marked line, taking in the length of the auricle. Parallel with the first incision another curved cut is made and the portion of skin between them excised. The skin on the back of the auricle about the second incision for a width of about 1 cm. (if necessary, as far as the helix) is then mobilized. The margins of the two cuts are then approximated. To secure accurate apposition this may be supplemented by excision of wedge-shaped portions of skin. A compress bandage is applied and allowed to remain for fourteen days until superficial adhesion has occurred.

Anterior-poliomyelitis Limited to the Lower Dorsal Region.—Lapage (The British Journal of Children's Diseases) reports the case of a well-nourished boy, aged nine years. The present illness began eighteen months ago, when the child was suddenly taken ill with listlessness, anorexia and constipation, but no pain; he was unable to sit up, the right leg seemed weak, and his neck was swollen on both sides. Twelve weeks after the onset of the illness, when I first saw the boy, he was very weak and unable to raise himself into a sitting posture; but the most striking symptom was the ballooning of the abdomen, combined with a falling-in of the lower part of the chest wall, and a general kyphosis of the dorsal region of the spine. When his shoulders were held, the child could correct these deformities, which were evidently due to paralysis

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of the abdominal muscles, the lower intercostals, and part of the erector spinal. The limbs were normal, and no other lesion could be demonstrated. In June of this year, his condition was as follows: The abdominal muscles were completely paralyzed, except for two narrow bands, about an eighth of an inch in width stretching from the tenth rib on the left to the umbilicus and the other from the umbilicus to Poupart's ligament on the right. These bands show marked fibrillary contractions and are very excitable. During respiration the abdomen balloons out above and below these narrow strips of unparalyzed muscle, and the lower part of the chest wall is depressed. The lower three or four intercostal muscles are also paralyzed. The erector spinæ over the lower dorsal and upper lumbar regions is much wasted, causing the spines of the vertebræ to stand out prominently, so much so that the possibility of spinal caries was suggested, but the spine is quite flexible. The electrical reactions show that the affected muscles, except for the narrow strips above mentioned, are inexcitable to either current. The lower limbs are normal, but the psoas muscles on each side are hypertrophied, and, when the patient is struggling into a sitting posture, these muscles can be felt as large, tense bands in each iliac fossa. The superficial abdominal reflexes are absent, except for the response on the left side, due to the overexcitable strip of unparalyzed muscle; the cremasteric reflexes are active, and the limb reflexes are normal. There is no anæsthesia. Constipation is a marked symptom. The child is able to walk about fairly well, and is quite comfortable in a spinal jacket, but he is only able to raise himself from a recumbent to a sitting posture with great difficulty, and when he stands up the abdomen is prominent, with the chest wall much sunken and depressed in front.

Renewal of the Prematurely Evacuated Amniotic Fluid.—Schallehn (Arch. f. Gyn.) states that it is possible in cases in which there is danger to the fetus because of a premature evacuation of the amniotic fluid, to renew that fluid by the injection of physiologicalt salt solution. This is introduced by means of a new dilating apparatus consisting of a rubber balloon provided with a soft rubber tube through which the sterilized salt solution can be introduced. The danger to the child is due to pressure of the uterus directly on the circulation after the emptying of the amniotic fluid, which is shown by weakened heart action. This balloon was originated by Bauer. The amount of solution to be introduced is from 500 to 750 c.c. The indication is weakened heart action and irregularity of the beat when immediate delivery is impossible. Another indication is the condition of muscular atony in the uterus following twin pregnancy, hydramnios, or other severe stretching of the uterus.

The introduction of the fluid will bring about regularity and increased force of the contractions. Another danger to be feared that can be obviated by this injection is premature separation of the placenta. The injection equalizes the pressure and keeps the placental tissue in contact with the uterine walls. The author has collected accounts of the use of this method in six cases, in three of which it was used for irregularity of the fetal heart and in three to increase the amount of fluid on account of great mobility of the fetus.

The Treatment of Advanced Extra-Uterine Pregnancy.—Dr. Lewis C. Morris, Birmingham, at the recent meeting of the Southern Surgical and Gynecological Association, reported the case of a woman who had gone on to term, no diagnosis having been made. Labor pains had started, and it was thought she was in normal labor until it was found nothing was doing and an obstetrician made a diagnosis of abdominal pregnancy. She was sent to the hospital five days after false labor pains with this diagnosis. The physician-in-charge stated that the child was living during the time of the false labor pains. She lived seven miles from Birmingham; was sent across the country to the hospital in a wagon, and was in fairly good condition. She entered the hospital with a rapid pulse and some evidences of hemorrhage. He was telephoned for and as he walked into the hospital he found that the resident physician had done a postmortem Cesarean section with the idea of saving the child. The child died soon after the onset of false labor pains. There was undoubtedly separation of the placenta, probably on account of the transit of the patient from across the mountains to Birmingham. The writer mentioned this case with a view of emphasizing the importance of not waiting in these cases after the onset of labor pains, as the danger from hemorrhage in postponed operations was great.

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Miscellaneous.

Post-Mortem Penetration of the Body by Carbon Monoxide Gas.

Some time ago Strassmann and Schulz investigated this subject, which may be one great importance in the determination of the cause of death in certain cases. Stoll has continued the investigation whether when dead bodies are exposed for a considerable time to a CO atmosphere the blood becomes so saturated with the gas as to render the fact of the *intra vitam* inhalation of the gas impossible of definite determination. Stoll, experimenting on the bodies of children, shows that any such difficulty in diagnosis does not exist. He tested the blood of the internal organs of bodies after prolonged exposure to the gas with the spectroscope as well as by tannin, acetic acid and quinine tests, and thus was able to conclude that the presence of CO in the blood of the internal organs indicates with certainty inhalation during life.—Vierteljahrsch. f. Gericht. Med.

Members of Medical Societies no longer Compelled to take Association Journal.

According to a ruling of the Postoffice Department, Medical Societies can no longer compel members to subscribe for the society journal and the journal must have a paid subscription list or else be barred from second class postage rate. This is as it should be, for a great many physicians would have joined the A. M. A. but did not care for the journal, and could not afford to pay $5.00 for the membership alone, and they were inseparable, now the membership dues to the A. M. A. is $1.00 per year and subscription to the Journal is $4.00 per year. You now can join the A. M. A. and refuse the journal and vice-versa. The same rule applies to the State Associations. The dues to the Oklahoma State Medical Association is $1.50 per year and the subscription to the Association Journal is 50 cents per year. It is not necessary to pay subscription to the journal to retain your membership in the Association so long as you pay your dues of $1.50 to the association.

This ruling of the postoffice department will make a big change in the A. M. A. and the journal. The membership of the A. M. A. will undoubtedly increase 25 per cent and the journal will lose at least 25 per cent of its present readers, thus making a 50 per cent difference in the membership and the subscribers to the Journal.—Oklahoma Medical Journal.

Quinine in Pemphigus.

Bergrath advises the administration of quinine hydrochloride in cases of pemphigus. Four severe cases of the disease are reported from the dermatological clinic at Breslau, in which the usual drugs, including arsenic preparations, failed to relieve the condition; but in each case the disease yielded to quinine hydrochloride given in doses of 4 to 8 grn. three or four times a day. In one case the disease took the so-called malignant form, and was generalized all over the body, involving the mucous membranes as well as the skin. Under the influence of the quinine the patient began to improve on the third day. Fresh bullæ continued to appear for a few days, but of lesser dimensions, and the older ones commenced to dry up and disappear. The dose was increased gradually to 8 grn. four times a day, and at the end of a fortnight the patient was quite convalescent. In this case and in a second case there was a rise of temperature at the beginning of the treatment, but this quickly subsided.

In three of the cases the quinine was well borne, without any of the usual signs of intolerance; but in the fourth case, after treatment for a few days, the quinine had to be suspended on account of buzzing in the ears and general lassitude. Three days later the treatment was again attempted, but with the same result. As, however, the disease assumed then a very severe form on cessation of the treatment, and the general condition of the patient became serious, the treatment with quinine was tried again for the third time, and this time, curiously, it was quite well tolerated to the extent of 24 grn. of quinine hydrochloride per day, and the patient made a good recovery.—The Hospital.

Painful Monthly Periods.

Many doctors prescribe a combination of Dioviburnia and Neurosine (equal parts) to abate the pain and nervousness of dysmenorrhea. Dioviburnia acting as a reconstructor of the parts affected. Neurosine allaying the pain, resuscitating and toning the nervous system. Physicians can prescribe Diouiburnia and Neurosine with impunity as these products contain no opium, morphine, chloral or other deleterious drugs.

Female Neuroses.

There is scarcely a writer of prominence today who does not lay much stress upon the importance of early prolonged treatment of the primary manifestations of an almost infinite variety of nervous affections with the view of preventing the constant development of still graver troubles as well as to relieve present suffering. In the treatment of female neuroses, a combination of Dioviburnia and Neurosine (equal parts) administered in dessertspoonful doses every three hours will prove most efficient.

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In studying the ingredients of this formula one finds that these medicines have been used for many years in the treatment of this condition. Magnesium sulphate is necessary to overcome the constipation which is present in nearly all cases, and by its action we unload the portal circulation and eliminate the poisons through the intestinal canal.

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In malarial conditions a diuretic is not indicated as often as the symptoms suggest, as one always has to contend with a torpid liver, that is throwing a part of its work on the kidneys, meaning double duty for the latter.

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Appendicitis and Diseases of the Adnexa.—Segond (Gaz. Med. de Paris) states that the coexistence of appendicitis with involvement of the adnexa is extremely frequent. There seems to be a relation of cause and effect between the two. In suppurative lesions both organs may be involved in an inflammatory mass; the appendicular cavity and salpinx may communicate, but in general one set of organs is involved only on the surface; an oophorosalpingitis is accompanied by a peri-appendicitis, or *vice versa*. This association is more frequent in chronic lesions. Both may complicate a normal pregnancy or an extrauterine pregnancy. Appendiculo-annexitis is met with often with cysts and pelvic tumors. The primary reason of their coexistence is the location of the organs so near one another. Another factor is the existence of a line of connecting lymphatics, and an appendiculo-ovarian ligament. The subperitoneal cellular tissue connects them as does the peritoneum, and the inflammation passes in this way. False membranes formed around the inflamed adnexa capture the appendix and hold it down, causing peri-appendicitis. Changes in its nutrition take place, and the phagocytic functions of defense are lost. Finally a true appendicitis develops. In acute cases the diagnosis between the two sets of lesions is very difficult. A right oophorosalpingitis with normal adnexa of the left side favors appendicitis. In young girls who have neither tuberculosis nor gonorrhea, location of symptoms in the right side favors appendicitis as the cause of salpingitis. The indications for operation in suppurative cases are imperative. When there is appendicitis, vaginal operation is contraindicated; in the course of all laparotomies the appendix should be carefully examined. The appendix should always be removed when found inflamed, and perhaps should always be removed even when normal. The median incision should generally be preferred to a lateral one.

Treatment of Eclampsia.—H. M. Little (Journal of Obstet. and Gyn. of the British Empire) discusses the treatment of puerperal convulsion, and passes in review a series of 40 cases, 39 of which were treated in the Maternity in Montreal. The cases showed the usual premonitory symptoms. In all of them there was a marked decrease in the time of coagulation of the blood to a time varying between 2¼ to 2½ minutes. This time gradually increased as the patient improved, and constituted a fairly reliable guide to her condition. Only 4 of the 40 cases died. One died of acute yellow atrophy of the liver, one of cerebral thrombosis, possibly the result of slight infection during labour combined with low blood pressure resulting from venesection. The two remaining deaths the author ascribes to insufficient treatment; one was treated by the morphine method, the child being delivered by *accouchement force*, but not until the day after admission; the other had eight convulsions before delivery. Out of 31 patients who had convulsions while undelivered, 15 were delivered immediately and 16 underwent treatment before delivery. Immediate as compared with delayed delivery had very little, if any, effect on the occurrence of *post-partum* convulsions, but had a great effect in favor of survival of the child. If the cases in which the child was not viable or was already dead on admission of the mother be subtracted, it was seen that 12 live babies were obtained from 13 cases of immediate delivery and only 3 live babies from 13 cases of delayed delivery—that is, 92 per cent. as compared with 23 per cent. Immediate delivery, therefore, offers four times as good a chance for the child. Immediate delivery is not indicated if the child is not viable or is already dead from toxaemia unless convulsions continue; the author doubts also the advisability of dilating forcibly in cases in which labour has not set in, the cervix is rigid and the practitioner without assistance. There were only 4 cases of spontaneous delivery. Forcible dilation of the cervix was carried out by the manual method whenever it was employed, and the Pomeroy bag used in 6 or 7 cases as a preparatory measure. There was evidence of injury, slight or severe, to the cervix in all but 3 of the cases of dilation, and in nine instances the cervix was sutured with perfectly satisfactory results. In only one case was a surgical as opposed to an obstetrical procedure adopted—vaginal Caesarean section. As to drug treatment, one case re-

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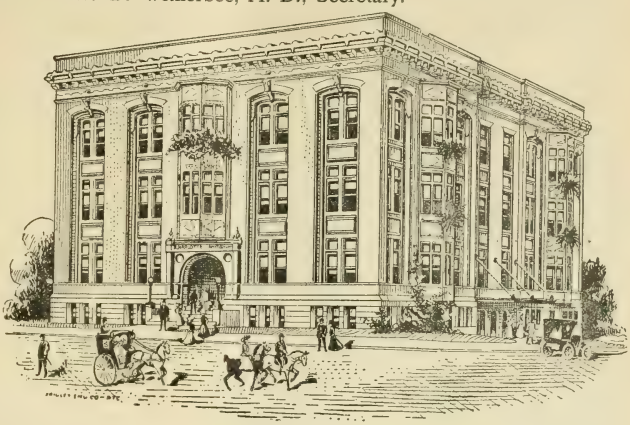

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ceived veratrum after admission in the hospital but without permanent effect. Morphine was used only in small doses, and its administration is considered to be irrational except, perhaps, when a patient is conscious and very restless; chloral was given in a few cases, but without definite satisfactory result. The author suggests the following rules of treatment: (1) Minimize the use of narcotics and anesthetics. Chloroform is rarely indicated for the control of convulsions but should be used when general anaesthesia is required for examination or delivery. (2) Immediate delivery is advisable, particularly when the child is viable. (3) In the majority of cases the onset of labour is associated with the onset

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of convulsions; *accouchement force*. preferably Harris's method followed by version, has given the best results. (4) Immediately after delivery, if not before, the stomach should be washed out. Several ounces of magnesium sulphate, well diluted with warm water, should be introduced through a tube: The patient should then be sweated by means of a hot-air bath or hot pack. (5) If convulsions recur after delivery, and particularly in *post-partum* eclampsia, the best results are obtained by withdrawing 700-900 c.cm. of blood from one of the veins of the forearm. (6) A large quantity of fluid (forced fluids) should be given for several days, and the amount of fluid eliminated in the urine and stools. If the excretion is inadequate, repeat the sweating and purgation. Do not allow the patient to become waterlogged. (7) Carefnl records of ingestion and excretion be kept for at least ten days, as the involution of the uterus has a marked effect on the general metabolism, particularly between the sixth and ninth days.

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Hardly another of all the preparations in existence offers a wider scope to imposition under the pea of "jnst as good" than the scientifically standarldized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon applicatior, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated and finally the medical reports commending on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at elbourne, and others reported before in the medical literature show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The Treatment of Gonorrheal and Mixed Infections of the Female Genital Tract by Lactic Acid Bacilli.—Watson, in The British Medical Journal, uses the Sauerculture made from skimmed milk. Filtration separates the casein and leaves a slightly opalescent whey containing lactic acid bacilli in large numbers as well as lactose, lactalbumen, and salts. The solution can be increased in strength by the addition of sugar of milk and if desired by a powdered tablet of lactic acid bacilli. The local parts are thoroughly disinfected and curetted if necessary, and after the removal of all excess of the disinfectant the lactic acid is introduced into the vagina. The first effect of the treatment may be an increase of discharge, the purulent appearance of which soon ceases and it becomes white and thin. This is removed by gentle swabbing with dry wool through a speculum. In most favorable cases the secretions are normal in a few days. Sometimes two or three weeks are required. Even cases in which the tubes are involved seem to benefit by the treatment and can be discharged from observation earlier than before. Many patients are met with in general practice in whom treatment is called for on account of a purulent vaginal discharge. In the author's experience the majority of them respond to the treatment detailed. As regards the use of the lactic acid bacilli for discharges from the male urethra remarkable results have been obtained in two cases in the author's experience, but he has had no further opportunity for observation. He finds that this treatment keeps down the number of patients in the hospital for women under his observation. The author says that he has had disappointing results with the usual antiseptic methods of treatment. The writer has tried douching, vaginal swabbing, and when the internal os was patent, curetting and cauterizing the uterus followed by careful drying.

The Treatment of Rheumatic and Rheumatoid Arthritis by Radiant Heat and Cataphoresis.—Baillie (British Medical Journal) says that considerable success from the application of radiant heat, as near as possible like sunlight, giving a spectrum from the ultra red to the ultra violet. "I am quite convinced," the author says, "that an absence of the violet and ultra violet rays in the ordinary apparatus is largely responsible for the weakness of sedative effect and slow relief of pain, whereas absence of yellow green rays may be responsible for only slight stimulation of metabolism." The writer says, moreover, that this radiant heat tends to destroy micro-organisms, and shows that leucocytosis in the blood about the joints is increased. After 20 minutes' exposure to

radiant heat he employs cataphoresis much in the manner above described, using only a 2 per cent. solution of a salt, such as lithium iodide or sodium salicylate, the cataphoresis carrying the "ions" of these salts into the tissues. The author attaches much importance to the same medicines, during the course of treatment, being taken by the mouth, but is of opinion that the "ions" of these medicines are more efficacious when introduced directly by cataphoresis around the affected joints. The writer gives several cases in support of this view.

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Intestino-uterine Fistulae.—Jemtel (Arch. Prov. de Chir.) says that intestino-uterine fistulæ are exceptional. He considers the cervico-vagino-intestinal and the utero-intestinal forms, of which he finds records of twenty-two cases. The cause in ten of them was rupture of the uterus during labor, seven spontaneous, and three produced by forceps or version. Eleven were the result of inflammations of different nature perforating the uterus. In cases of uterine rupture the intestine may be caught in the wound in the uterus, the contraction of the uterine muscle causing strangulation of the intestine, followed by gangrene of the included portion, with passage of the intestinal contents through the uterus. An abscess in the pelvis may become opened through the wall of the uterus, peritonitis ensue, and the same condition result. In cancer of the uterus the disease eats its way through the wall of the uterus by contact. The location of the fistulæ is generally between the small intestine and the uterine fundus. There are always present symptoms of pelvioperitonitis, no matter what the origin of the trouble. Protective adhesions prevent the spread of the fecal materials in the abdominal cavity, and the first definite indication of what has occurred is the passage of gangrenous, infective material by way of the cervix uteri. The diagnosis is extremely difficult up to the appearance of this sign. As to the diagnosis of the seat of the injury we can find out the uterine location by dilatation of the cervix. Thinness of the material passed indicates the involvement of the small intestine. The vagina and vulva become irritated and ulcerated from the contact of the discharge. There is generally amenorrhea, and attacks of acute inflammation take place at irregular intervals. Rarely a spontaneous cure takes place. The condition is a very grave one, ending fatally from infection if not operated on. In labor if fistulæ has not been established an immediate hysterectomy is demanded; if abscess occurs it should be opened before nature has drained it through the uterus. When fistulæ has occurred an abdominal operation is called for, with anastomosis or enterorrhaphy.

Treatment of Cicatricial Stenosis of the Uterus of Therapeutic Origin.—Mauclaire and Burnier (Arch. gen. de Chir.) state that the use of caustics, liquid or solid, or the actual cautery has produced many cases of cicatricial stenosis of the cervix uteri. Formerly it was customary to use the silver nitrate stick or zinc chloride as an intrauterine application, repeating this as soon as the first slough had separated. This resulted in stenosis, sometimes partial, sometimes complete. If complete, menstruation became impossible and hematocolpos ensued. If partial, the flow was painful, altered in character, and irregular. Uteri have been found which had undergone complete atrophy on account of such use of caustics. Sterility was the result. In some cases pregnancy occurred and the cervix was undilatable. The result of such a condition might be rupture of the uterus followed by infection, ante- or post partum. In non-pregnant cases hematosalpinx, pelvioperitonitis, pelvic hematocele, and pyometra have resulted. The prognosis of such a condition is bad. Such a uterus may become infected at any time. Every menstruation is painful, and the patient becomes a fretful invalid with an entirely changed disposition. The treatment of such a condition to be at all effectual must be operative, and a number of procedures have been devised by which functional power of the cervical canal may be restored. He gives histories of twenty-three cases.

Epistaxis in Cerebrospinal Meningitis.—Rimband (Gazette des Hopitaux) says that hemorrhage from the nose, in cerebrospinal meningitis, is of favorable augury, representing a liberation of the organism from a certain amount of bacterial elements and their toxins. The value of the bloody discharge is still further increased by the close relations between the blood vessels of the nose and of the meninges. Among twelve cases of cerebrospinal meningitis observed by the author, four had hemorrhages from the nose, which exerted a visibly favorable influence upon the general condition. The bleeding was followed by a drop in the temperature and rapid subsidence of all the meningitic symptoms. The four patients who died from the nose all recovered without exception, whereas the eight cases without hemorrhage included three deaths.

Contribution to the Study of Ovarian Endothelium.

Ligabue states that endothelioma may occur in any of the organs usually attacked by carcinoma. It is essentially a malignant growth, the prognosis is bad, and treatment is operative. The tissues found in the endotheliomata are very varied. The chief constituents are fibrous tissue with wide connective tissue spaces, in which are found large, endothelial cells, developed from the endothelium of the reticulum. They are found in large or small groups near the periphery of the growth. There seems to be no hereditary element in the etiology. They occur at any time of life, but when attacking the ovary they occur especially between the ages of forty and fifty. They do not cause metorrhagia or menorrhagia, and pain, ascites, and edema may be present. The power of metastasis is slight. They may be extremely adherent to other organs. The author gives the history and the histological examination of an ovarian endothelioma operated on by him. —Il Policlinico.

Development of the Viscera in the Fetus.

Valtorta desires to establish a standard of the normal measurements and weights of the viscera, with which we can compare the conditions found in abnormal fetuses. He made careful measurements of all the fetuses that died from women who were brought to the Milan Maternity during labor, thus establishing the standard from fetuses that actually died during labor. He gives the average measurements of brain, heart, lungs, thymus, liver, spleen, pancreas, kidneys, stomach, intestines, testicles, uterus, and ovaries. He finds that the thorax is flattened from side to side; when this is the case it is due to lack of development of the organs of respiration. The chest is broad below on account of the relatively enormous size of the liver and abdominal viscera. The organs that are most developed are those that must be used immediately after birth.—Annali di Obstetricia e Ginecologia.

Adiposogenital Hypophysis Syndrome.

Laonois and Cleret give the adiposogenital syndrome as the indication of the presence of a tumor of the hypophysis. There are three fundamental symptoms; increase of adipose, genital atrophy, and presence of tumor symptoms. The fat is everywhere increased immensely, within the body and on the surface. Rolls of fat cover the chest, breasts, abdomen, and thighs, and are deposited in the omentum and mesenteries. The genitals are atrophied in both sexes, and frigidity is the rule. Menstruation is late in establishment and the menopause occurs early; the flow is scanty and irregular in the adult. The presence of a tumor is shown by the usual symptoms of intracranial pressure—headache, convulsions, projectile vomiting, loss of memory, torpor of the intellect, and dimness of vision due to optic atrophy. The use of radiography will enable us to see the shadow of the tumor in the region of the hypophysis.—Gazette des Hopitaux.

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toms are present. The treatment is given with small tubes of bromide or sulphate of radium, wrapped in tarletan, so as to cut off all the rays except R and B rays, and prevent burning. The tubes may be placed in the vagina, cervix, or the body of the uterus. In all such cases this treatment should precede operation.—L'Obstetrique.

The graduating exercises of the North Carolina Medical College will take place at the Academy of Music, Charlotte, N. C., on April 19th at 8:30 p. m. Dr. J. C. Kilgo, President of Trinity College, Durham, N. C., will deliver the address to the graduating class.

Dr. W. O. Nisbet, dean of the faculty, will be master of ceremonies. Dr. Herman H. Hulten, pastor of the First Baptist Church, will deliver the invocation. Dr. J. P. Munroe, President of the College, will deliver the diplomas.

There will be fourteen graduates. These young men are well prepared to enter the practice of medicine. They have studied medicine four years and the majority of them were graduates from literary colleges prior to their study of medicine.

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Surprised and Gratified.

In relating his experience in the treatment of gouty conditions, Dr. Arthur Bailey Francis, (Queen's College), Belfast, Ireland, reports the case of J. W., a gentleman in advanced life and of marked gouty diathesis who came under treatment complaining of severe pains in the lumbar region and extending down one leg to far below the knee. Dr. Francis says: "I found that he had received a chill and was also suffering from catarrhal bronchitis. I diagnosed lumbago and sciatica, and put in force the orthodox methods of treatment one after the other, but with little benefit to the patient. Insomnia now became a cause of anxiety, bromides had little or no effect, and I was revolving in my mind the safety and advisability of morphia, hypodermically, when it occurred to me to first try the effect of antikamnia & codeine tablets. This I did, ordering one tablet at bed-hour to be followed in fifteen minutes by a similar dose, and that also by a third at the expiration of half an hour from the administration of the last. On seeing the patient the following morning I was surprised and gratified to find that he had passed a quiet night, slept well, and that the pain in back and legs was greatly modified. I continued the administration of antikamnia & codeine tablets after this, and before the end of a week the patient was quite free from pain, slept well, and was, in fact, convalescent. I should mention that this patient is seventy years of age, but notwithstanding this, I could detect no depressing effect on heart or nervous system consequent on the administration of these tablets.

"Since treating the above case I have prescribed antikamnia & codeine tablets for insomnia, lumbago, sciatica, neuralgia in all its forms including tic douloureux, hemicrania, and that due to dental caries, and always with the most satisfactory results."

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The Results of Treatment in Exstrophy of the Bladder.—Estor, at a recent meeting of the International Medical Congress, formulates the following conclusions as a result of his study of the various methods of surgical treatment in exstrophy of the bladder: None of the methods thus far proposed give a perfectly satisfactory result. The methods which aim at a reconstruction of the bladder by autoplasty or by suturing its margins should be abandoned, because they do not cure urinary incontinence. Among the numerous procedures for the deviation of the course of the urine, there are two which give good results as regards incontinence. These are the methods of Maydl and of Soubbotine. Maydl's method consists in deviating the urinary stream into the rectum and thus substituting the anal sphincter for the vesical. Soubbotine's method differs from Maydl's because he uses a direct anastomosis of the bladder with the rectum, without making use of the ureters and also because Soubbotine completely separates the urine from the feces. The cases thus far published, which have been operated on by these methods are not yet numerous enough to enable one to draw definite conclusions as to the value of each of these procedures. The following opinions may, however, be expressed: Soubbotine's method protects the urinary apparatus against ascending infection more efficiently than that of Maydl. On the other hand, Soubbotine's method is more complex and requires prolonged after-treatment, thus being inferior to Maydl's. In order to appreciate the results obtained by these two methods, patients must be followed for several years; for it is possible that at first there might be sufficient tonicity in the anal sphincter, while later on, there could be more or less incontinence.

Cerebellum and Its Affections.—Russell, in The British Medical Journal, states that non-suppurative encephalitis may occur in adults in association with infective diseases, but has been especially described in children after one or other of the acute diseases to which they are so liable. The mode of development of the acute ataxia in a child previously healthy, with the subsequent gradual improvement, after an attack of measles or some similar disease, are points that are highly suggestive of either encephalitis or ocute degeneration, due to the action of some toxine on the nerve elements of the cerebellum. Such evidence cannot, however, be accepted without post mortem confirmation, so that it is satisfactory to

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Prof. Samuel P. Sadtler, Ph. D., LLD., and his son, Samuel S. Sadtler, S. B., state: We verified the composition of a-s-phen qualitatively and quantitatively, which clearly identified it and established its proximate composition, and found it to be a definite synthetic compound—acetyl-salicyl phenetidin, whose formula is C_6H_4 (OC_2H_3O) $CO.NH.C_6H_4$ (OC_2H_5) or $C_{17}H_7NO_4$ This composition was established by Anschutz and Bertram (*Berichte der Chem. Gesell.* 37, p. 3975)."

Professor Dreser (*Berichte der Deutschen Gesell.*, Vol. 37, p. 3076), states: "In the matter of reducing temperature the anilides work better than the phenetides; but even in small doses they develop quite early the undesirable change of oxyhemoglobin into methahemoglobin, which appear as cyanosis. The phenetidin product, substituted with acetyl-salicylic acid (a-s-phen or thermol), proved inactive even in large doses (0.4 grams)"—where there was no temperature.

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find that when some such cases have come to necropsy, although, as a rule, this has been at a remote period from the acute attack, the evidence of sclerotic changes in the cerebellum has been such as to justify the original diagnosis of encephalitis. Vascular lesions are much less commonly responsible for disorders of function of the cerebellum than of the cerebrum. It must not, however, be supposed that they do not occur in the cerebellum. Nevertheless, in the vast majority of cases they prove of pathological rather than of clinical interest, because death has resulted so rapidly or under such conditions as have not allowed of cerebellar symptoms being determined, or that the lesions have been of such a character as could not be expected to give rise to a characteristic clinical picture. The first class of case is supplied by hæmorrhage, in which the patient dies rapidly, owing to rupture of the blood into the fourth ventricle, or if living longer remains comatose, and does not permit of proper analysis of the symptoms in the way that might otherwise allow of information being obtained which might lead to a correct diagnosis. The latter class of case is usually supplied by thrombosis, in which foci of softening determined on necropsy are so small and insignificant that they could not reasonably be expected to occasion characteristic symptoms during the patient's lifetime. This is to be accounted for by the free anastomosis of the cerebellar arteries, whilst the sources from which the cerebellum receives its blood supply make the occurrence of embolism altogether unlikely in the organ. He then takes up degenerations of the cerebellum, such as occur in the structure of the cortex, parenchymatous degeneration, olivopontocerebellar atrophy, degeneration of the spinocerebellar tract; and finally congenital defects.

Causes and Treatment of Functional Dyspepsia.—Drummond, in The British Medical Journal, states that while it is a matter of scientific interest to diagnose accurately the special form of indigestion with which one has to deal, it is of greater practical importance to discover the cause and to point the direction in which relief may be obtained. The investigations of the secretory activity of the stomach, followed by the prescription of an appropriate diet and acid or antiacid remedies, are valuable in many cases for giving relief, but are only too often insufficient for a cure. The great majority of cases of functional dyspepsia are due to obvious causes, errors of diet, bolting of food, dental deficiency and imperfect mastication, irregularity of meals, chronic bacterial intoxication, or they may be secohdary to Bright's disease, phthisis, or other chronic debilitating disease, but a few of the causes are apt to be elusive. The subjects of excessive eating or drinking are apt to be reticent and much may depend upon the ability of the physician to secure their confidence and to learn their personal habits. The patient may be indiscrete in the quality of his diet as well as in the quantity. In the matter of special diet there was a great temptation for the physician to skate on the thin ice of quackery and to insist upon the most minute details. It was well within the mark to state that some of the most distinguished physicians had lowered both themselves and the profession by undue exactitude in the matter of dietetic details. It was most undesirable to encourage any patient to dwell anxiously on the details of diet. In ordinary cases it was well to keep along broad lines of information and advice. There is a class of patients in whom mental disturbance produced dyspepsia. These were to be distinguished from those commonly known as dyspeptic neurotics. It is common for both the doctor and the patient to attribute depression to the dyspepsia, when the dyspepsia is really induced by the depressed state of mind brought about by other conditions. If the environment or life circumstance that is responsible for the depression can be removed the dyspepsia is soon cured. If the environment cannot be changed, the patient may be encouraged to take a different attitude toward the disturbing circumstance, or a brighter view of life. One of the most useful therapeutic agents in stomach cases is rest in bed. This measure is often effective whether the excessive exertion has been physical or mental. A number of neurasthenic cases will only be benefited by rest and isolation from home influences.

Dr. J. A. Williams, of Greensboro, N. C., announces that after April 1st, 1910, his practice will be limited to surgery, operative gynæcology, office and consultation work.

Calcium Lactate on the Nose and Throat.

Fernandez describes for the first time in Cuba the advantages of the lactate of calcium as a prophylactic measure to prevent hemorrhages in the operations on the nose and throat. He reviews the history of the drug, since it was first described by Wright and declares himself to be convinced that the only way this drug acts is by directly increasing the coagulability of the blood. He has employed it very extensively as a preventive and in no case has seen his hopes unfulfilled. He uses large doses. He has

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Medical Society of the State of North Carolina meets in Wrightsville, June 21, 1910.

The Tri-State Medical Association of the Carolinas and Virginia (only members of State Societies eligible). Next Annual Meeting: Raleigh, N. C. Date of meeting February 8, 1910. President, Dr. Joseph A. White, Richmond, Va. Secretary-Treasurer, Dr. J. Howell Way, Waynesville, N. C.

NEW ORLEANS POLYCLINIC

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also employed it in the treatment of nasal hemorrhages with excellent results and has seen it employed in pulmonary hemorrhages with satisfactory results. In postoperative hemorrhages the effect is marvelous and almost instantaneous.—Chronica Medico-Quirurgica de la Habana.

Beriberi in South Carolina.

Three cases of Beriberi have been reported in the State penitentiary in South Carolina, one proving fatal. On the case that terminated fatally, an autopsy was performed and it is claimed that a diagnosis of Beriberi was confirmed. Several prominent physicians were present. Whether the newspaper account of the case is correct or not, we do not pretend to know. Those who are well acquainted with the disease are usually slow to make a diagnosis, even after a post-mortem examination, especially in sporadic cases, certainly in this part of the country where this disease is so infrequent.

Extension Course of Lectures Tulane Medical Department.

The following lectures will be delivered on the days, dates and hours mentioned, at the Hutchinson Memorial, corner Canal and Villere Streets. The general public, the medical profession and all medical students are invited to attend these lectures according to schedule.

Lectures which are purely professional, in which the general public would not be interested, are indicated(*).

Wednesday, March 16, 8 p. m.—Prof. C. W. Duval, Cancer. Medical profession, students, and general public invited.

Wednesday, March 23, 8 p. m.—Prof. G. F. Patton, Recollections of Student Life in Germany. Medical profession, students and general public invited.

Wednesday, March 30, 8 p. m.—Prof. George Dock, Typhoid Fever. Medical profession, students and general public invited.

*Wednesday, April 6, 8 p. m.—Prof. Charles Chassaignac, Sexual Continence and Prophylaxis. This lecture is for the medical profession, students and male public only.

*Tuesday, April 12, 8 p. m.—Prof. Paul Michinard, The Management of Labor. This lecture is for the medical profession and students only.

Wednesday, April 13, 8 p. m.—Prof. J. A. Storck, Hygiene of the Gastro Intestinal Tract. Medical profession, students, and general public invited.

*Tuesday, April 19, 8 p. m.—Prof. C. J. Miller, The Anatomical Basis Underlying Injuries and Repair of the Pelvic Floor. This lecture is for the medical profession and students only.

Wednesday, April 20, 8 p. m.—Prof. Irving Hardesty, The Anatomy of the Ear in Relation to the Theories of Hearing. Medical profession, students and general public invited.

Wednesday, April 27, 8 p. m.—Prof. J. T. Halsey, Physiological Action of Some Much Used Drugs with Demonstrations. Medical profession, students and general public invited.

Alumni week, May 9-15.

Presence of Trypsin Ferment in the Stools of Healthy and Sick Babies.

G. Rovere experimented to ascertain whether trypsin was present in the intestines of infants whether sick or well. He tested for the trypsin in the feces of children from birth to eight and nine years of age. In new-born children who have not suckled the meconium shows no trace of trypsin, due to the lack of intestinal peristalsis, not to absence of production of trypsin in the intestine, As soon as suckling begins peristalsis is excited reflexly. In the first year of life the reaction for trypsin is very prompt. The function of the pancreas does not suffer by the occurrence of intestinal trouble. The author concludes that the trypsin ferment occurs in the feces of infants as early as the second or third day of life; in the most varied diseases the trypsin reaction is never absent.—Rivista di Clinica Pediatrica.

Indications for Operation in Chronic Inflammation of the Adnexa.—Prochownik (Monatsschr. f. Geburtsh.) advices that in obstinate cases of chronic inflammatory disease of the adnexa, in which the patient suffers severely and is not improved by the ordinary treatment, she should be kept under accurate clinical observation for five to six weeks before resorting to operation. Operative intervention is indicated for all patients who derive no objective amelioration of their condition from prolonged conservative treatment, although conservative measures may be attempted if there is any prospect of evacuation of an abscess. Prompt intervention in these cases often enables us to preserve organs and functions. Early operation is undoubtedly indicated for unilateral tumors, which are either positively or very probably associated with appendical disease. In cases in which tubercular disease of the adnexa is associated with other affections, particularly gonorrhea, as well as in those in which it is alone present, surgical treatment should be undertaken only in the event of severe local disease uncomplicated by involvement of the lungs and urinary organs, and then it should always be radical.

The Charlotte Medical Journal

VOL. LXI CHARLOTTE, N. C., MAY, 1910. No. 5

The Increasing Frequency of the Use of Narcotic Drugs by Members of the Medical Profession and the Probable Reasons for it.

By W. C. Ashworth. M.D., Greensboro, N. C., Resident Physician, Telfair Sanitarium.

The average physician is not aware of the appalling extent to which the members of our profession are addicted to the use of narcotic drugs. My line of work gives me ample opportunity to note the increasing evil to a greater degree than is imagined or even thought of by the general practitioner or layman. We find on looking over our case register that 75 per cent. of all our drug patients are physicians. This per cent. is perhaps a little larger than is found in the average institution, which may be accounted for, in part, by our direct method of advertising to the profession; however, we do not believe that it is much larger than is found in most institutions.

I wish to note briefly the causes which are responsible for this evil which has befallen so many of our medical brethren. It is an evil which is enslaving a large and increasing percentage of the best men in our profession.

The first and leading cause we ascribe to the meager teaching in our medical colleges of the baneful effects of the habitual use of narcotic drugs. The average medical student leaves college with but a slight idea of the insidious action of morphine and cocaine or the easy avenue which leads to the contraction of the habit. If the students of our medical colleges were well grounded in this important branch of medicine, it would not only perhaps be their own salvation, but would in a measure stop the indiscriminate prescribing of narcotic drugs to their patients. Among the questions the physician entering our institution for treatment is asked how he contracted the morphine or cocaine habit and he almost invariably answers that he commenced its use for acute pain or for the relief of fatigue caused by overwork, not realizing any more than the average layman the insidious action of the drug. I regard it as a great stigma on our profession that such a condition of affairs exists, but on the other hand, I hold that the unfortunate habitue is less blameable than his teachers, whose duty it was to have given him more information on a subject that so widely concerned his future success in the most trying of all professions.

Now as to the remedy, again I would suggest that a special course of lectures be given each class of medical students on the narcotic drugs and their habit-forming tendencies in order that the student may leave college and take up his work with a clear and concise knowledge of the action of these drugs and know that if they are habitually used they are a constant menace to the life and mentality of the user, and that sure and certain dire results must inevitably follow in their wake.

The laity have very little patience with the physician who is addicted to the use of drugs. They say at once that he, above all others, is inexcusable, because he knew the action of the drug before commencing its use. I am sorry also to note that the members of the medical profession have about as little patience with the habituated physician as the average layman has. Now the remedy lies in the proper teaching of this subject in our medical colleges and, secondly, with the individual himself. The physician must not entertain the idea that he is immune to the temptations of other people, or that his will-power is of a superior nature to that of his layman brother, per contra we generally find just the reverse of this condition of affairs. On account of his irregular hours and the constant grind on his nervous system, incident to his laborious profession, he is really more susceptible to the action of narcotic drugs and the relief from worry and overwork is more quickly sought, before he even realizes the danger and subtleness that lurks in the use of these drugs.

In defense of the unfortunate drug user, I wish to say that very few of them commence the use of the drug wantonly. Somewhere, perhaps in the ancestry of the individual, you will find the history of excessive use of stimulants or narcotic drugs, thus transmitting to the unfortunate subject a lessened resistance or a strong predilection for the use of stimulants and drugs. I find in support of this argument that fully 50 per cent. of my drug patients give a history of a depraved ancestry or other faulty habits of living, due in a large part to the excessive use of narcotic drugs or stimulants. It is natural, therefore, to find the neuropathic type or tendency in most drug users.

I wish in this connection to reiterate what I stated about physicians taking narcotic drugs without any more knowledge of their habit-forming tendencies than the average layman, and to this is added the constant danger of these drugs on account of their

being handled daily by the physician, which places him in infinitely more danger than the average layman. When we realize fully the force of this truth we become more sympathetic and have more patience with the unfortunate physician who becomes addicted to the use of narcotic drugs.

Most people who handle explosives have received instructions as to their danger and certain precautions are given for their use, but not so with the physicians who daily handle narcotic drugs, which are even more dangerous than the most deadly explosive. The physician leaves his alma mater with the fixed belief that he can handle and perhaps take a medicinal dose of any drug with impunity, and that he is or can always be master of the situation. This belief, perhaps, continues until he has taken a few doses of morphine during some acute illness for the relief of pain, for which time and rest would have been sufficient, but unfortunately he could spare neither, and when the illness has subsided he suddenly wakes up to the fact that it is impossible for him to live without the powerful anodyne and realizes as never before that there is no such slavery as the thralldom of a drug. Try as he may to break the fetters that bind him he finds himself utterly helpless and wholly unable to cope with the situation. There is an old adage that a habit soon becomes second nature, but when it comes to the use of narcotic drugs it stands first, and nature is in abeyance and all the forces of the body are insufficient to throw it off.

I wish to emphasize again, in view of the deplorable conditions of affairs, that the failure of our medical teachers to teach every graduating class in medicine the insidiousness of narcotic drugs, whether they be taken by the doctor himself or given to his patient, is well nigh criminal. When the physician learns this lesson as well as he should he will cease to give so much to his patients, and consequently we shall have fewer morphine habitues among the laity. As an illustration of this point, I frequently elicit a history like this from a patient who is just entering for treatment, When questioned as to how he contracted the habit, he states he was sick and the doctor visited him once a day, perhaps, and administered a hypodermic for a period of days and possibly weeks, and when the illness subsided the physician in attendance stated it would not be necessary to give any more hypodermics and by all means not to take any more himself. What happens? The patient writhes in agony when his accustomed narcotic is withdrawn and he forthwith sends for his regular medical adviser and is informed by him that the pain is largely imaginary and that there is really no necessity for his continuing the anodyne hypodermic. The poor patient implores and beseeches his doctor just for one more, but is stoutly refused. What is the result? The patient leaves his bed, if he is able, but if not, sends to the nearest drug store and arms himself with a hypodermic for future use. The future of this patient need not be pictured, as he now belongs to the great rank and file of morphine users. Who says the poor fellow is to be blamed? Who is to be blamed most, the patient or his ill-informed medical adviser? I tell you, gentlemen, we deal entirely too lightly with this question. Something must be done and that quickly, or we shall become a nation and a profession of drug users.

To my mind, the solution of the problem is to educate the physician himself, who will in turn save himself, as well as his patient, from the clutches of the "king" of all drugs, morphine.

If I have succeeded in arousing your interest concerning this very important subject I shall feel more than repaid for the time spent in writing this hastily prepared article.

Report and Autopsy of a Case of Ascending Genito-Urinary Infection Resulting in a Partial Destruction of the Kidneys and Terminating in Uremia.*

By S. E. Earp, M.S., M D., Indianapolis, Indiana, Professor of Clinical Medicine, Indiana University School of Medicine.

I was summoned to the City Hospital by Dr. J. F. McCool to see Dan P., who had been sick for a fortnight previous to his admission to the hospital, and whose condition had been diagnosed as intestinal obstruction, with a possible belief that an operation would be necessary.

The patient was 24 years of age, Hungarian, came to the United States one month ago, and was a laborer.

Family History.—Negative.

Past History.—No severe illnesses. Six years ago had suprapubic incision for a stone, as he was told by his doctor in a European hospital.

Present Illness.—Began acutely two weeks ago with severe vomiting and since then has been bed-fast. Complains of headache and dizziness—says it is like his attack of sea-sickness one month ago—pain in back, sternal and umbilical regions. Has had marked dyspnea for one week, no cough. Bowels have not moved for three days, appetite poor. Has never had any swell-

*Read on Case night, Indianapolis Medical Society, April 5, 1910.

ing of feet nor puffiness of eyes.

Physical Examination.—Patient is well nourished, no deformities, skin cool and dry—axillæ too—no lymphatic enlargements, mental stupor. Head, ears, eyes—pupils equal, normal size, react readily to light—unable to test power of accommodation—nose, mouth—sordes on teeth, mucous membrane dry; and neck normal.

Chest.—Well formed, no depressions, expansion good, breathing strictly of thoracic type and greatly exaggerated, rapid,—40 per minute—marked dyspnea, percussion negative, tactile and vocal fremitus normal, breath sounds of clear vesicular quality, no rales.

Heart.—Apex felt and heard in 5th interspace one-half inch internal to nipple line, rapid—110 per minute—regular, no murmurs, good muscle tone—unable to hear aortic and pulmonic sounds because of loud breath sounds. Pulse showed good volume, high tension—190 m.m.—no vascular thickening.

Abdomen.—Round, small, puckered, circular scar just above pubis, considerable rigidity of recti, liver and spleen negative to palpation and percussion, Traubes space tympanitic, no masses felt, no suprapubic dullness.

Genitals.—Negative externally, number 20 F soft rubber catheter passed readily at 11:30 a. m. and three ounces of urine obtained, which examination showed to be acid, sp. gr. 1.014, 2 per cent. albumen, many pus cells, no casts. At no time was any urine voided voluntarily. At 6 p. m., six and one-half hours later, catheter was again passed and one-fourth ounce of urine obtained which was strongly acid and contained strings of muco-pus. Rectal examination showed prostate normal.

Rectum.—Negative, temperature 95 degrees F.

Extremities.—Good muscular development, marked myoiedema of arm muscles, reflexes active and somewhat increased, patellar clonus bilateral—after two hot packs this disappeared—no ankle clonus, no Babinski, plantar reflex normal, no marked tremors but at times convulsive twitchings.

Clinical Diagnosis.—Toxicity of blood of renal origin. Dr. McCool and the nurse had been constantly at the bedside of the patient.

Treatment.—Hot pack at 3 p. m., preceded by .01 grain nitroglycerin with no results. High Watkins enema at 3:30 p. m. with fair results—patient had been sent to the hospital for intestinal obstruction, so this precaution was used. Hot pack at 5 p. m. preceded by hypodermic of strychnia, 1-30 grain, and nitroglycerin, .01 grain, with no sweating. Rectal temperature now 96.6 degrees F. Hot water bottles were placed around patient all the time between packs and each pack was preceded by hot drinks. Oleum tiglii, minims 2, in a few drops of sweet oil, was placed on back of tongue after 5 p. m. pack. Hot pack at 7:30 p. m. preceded by nitroglycerin and strychnia, at which time fair results were obtained. Hot pack at 10:30 p. m. with no results. Elaterium .1 grain was given at 10:30; no results. At 11:30 p. m. pulse had dropped to 70 per minute and could hardly be felt in radials. Patient passed into profound stupor and died at 1:30 a. m. —about 14 hours after admission.

An autopsy was held by the staff pathologist, Dr. C. F. Neu, assisted by Drs. Dow, McCool and Hetherington with the following result:

Post-mortem Findings.—Male, white, weight about 135 pounds, height 5 feet 6 inches, dark brown hair, brown eyes, pupils slightly dilated, nasal cavities empty, sordes on teeth, ears negative. Small, depressed, circular, puckered scar in median line just above pubes. Post-mortem rigidity well marked, state of nutrition good, moderate amount of subcutaneous fat. Intestines slightly filled with gas, no fecal matter, no obstruction, cecum extended into pelvis, appendix long and curved on itself one and one-half inches from extremity and extended into pelvis. Liver normal, position, lower border in axillary line 3 inches above costal margin, left lobe lower margin one and one-half inches below sternum, normal in consistence and color. Spleen normal in position, size, and reddish in color.

Stomach somewhat distended with gas. Transverse colon lay behind pyloric end of stomach, omentum drawn up and rolled between stomach and intestines. Pancreas normal.

Ureters dilated to three times normal size and walls thickened, and both passed straight down to back of bladder.

Right kidney firmly adherent to perinephritic fat, surface rough, irregular, several small cysts on surface, capsule firmly adherent. On section portion of pelvis dilated, contained pus, cystic throughout, cortical outline indefinite, average thickness ⅜ inch, small quantity of pelvic fat.

Left kidney same as right, length one and three-fourth inches, weight one-half ounce.

Bladder.—No adhesions—showing that it had not been opened in suprapubic operation for stone—mucous membrane thickened, rugae prominent.

Left Lung.—Cavity clear, plura normal, crepitant except lower lobe margin showed beginning consolidation. On section frothy

sanguinous fluid exuded, except in lower margin which was darkened and gave dark bloody fluid. Right lung same as left.

Heart.—Pericardium smooth and clear throughout, relaxed, both sides empty, all valves normal and intact, endocardium normal throughout.

Brain.—Meninges normal, cortex normal.

Anatomical Diagnosis.—Chronic diffuse nephritis, with cystic degeneration and chronic ureteritis, and signs of a former cystitis.

In conclusion, the following points of interest are in evidence:

1. The diagnosis of an atypical case necessarily made by exclusion and confirmed by autopsy.

2. The cicatrix just above the pubes makes it strongly problematical that at a previous attack an operation for stone in the bladder had been made upon a false diagnosis.

3. The fact that a man can be well nourished and yet have so complete a destruction of renal tissue, and yet its function had been, until this time, equal to the demand made on it.

Why the Tuberculous Should Not Us any Alcoholic Preparations.

By Dr. J. T. J. Battle, Greensboro, N. C.

Only a few years back with the great majority of people, and even with many today, the best treatment for any trouble about the chest, from a bad cold to consumption, inclusive, was thought to be some form of alcohol, such as "rock and rye," or a hot lemonade with a spoonful or two of corn or rye, the size of the spoon depending entirely upon the individual. It is true some of the harassing symptoms are temporarily relieved by alcohol, and for this seeming beneficial effect it was reasoned that the treatment should be continued, but the conclusion is as fallacious as to say that cancer is cured by morphine because the pain is relieved. Alcohol possesses hypnotic and narcotic powers, as is too often demonstrated by those who imbibe too freely of these preparations, from Near Beer to the undiluted article. That its continued use is not curative or beneficial has been abundantly proven. The reason therefore is satisfactorily explained.

The liver is the largest gland in the body, its functions are important and should not be interfered with. The secretions of this organ are a great aid to digestion and the poisons taken into the system are destroyed by it. Alcohol disturbs this circulation, acting directly upon its glandular structure, and it is only a question of time before the whole appearance of this organ is changed to what is known as the "Hob-Nailed Liver." In this way that great and essential gland is no longer performing its full and important duty, it cannot destroy the poisons resulting from the bacilli tuberculosis, and its function of furnishing the bile, so necessary an aid to digestion, is seriously impaired.

I believe a good digestion is the strongest weapon in battling against this dread disease. Since the use of alcohol favors the accumulation of effete material in the system, it is incumbent upon the kidneys and skin to carry off these toxins, but considering that the kidneys are also restricted in their functions these important eliminative organs are rendered incapable of doing their duty. This refuse poisonous matter is thrown back into the circulation and stowed away in the system, with the result of a weakened circulation, and all the special senses impaired to a degree corresponding to the dose taken. The skin cannot meet the extra demands made upon it at this time, as its circulating function is also impaired, in this condition the lungs must do in a great measure the eliminating process, and no one can doubt that the volatilized whiskey is loaded with poisonous and effete matter who smells the breath of one who has taken a swig of corn whiskey. Thus alcohol so largely eliminated by the lungs, acts as a direct irritant to the tissues and in this way a suitable soil is prepared for the lodgement of the bacillus tuberculosis, and the rapid propagation of this bacilli is thereby fostered. To make this deduction more conclusive the following statistics may have some interest:

In England among selected lives for insurance covering a period of sixty-one years, it was found that total abstainers showed a mortality of 23% less than the *moderate* drinkers. This also showed that out of 100,000 total abstainers, 44,000 will reach seventy years of age, while only 35,000 moderate drinkers will reach this age. A man forty years of age who is a teetotaler will live about four years longer than the man who takes a little wine for "his stomach's sake." Several hundred tubercular patients have been treated with and without alcohol to prove its efficiency, or non-efficiency, with the result that the mortality was 40% greater in the cases which used alcohol, while pneumonia similarly treated showed a mortality 12% greater.

The most marked difference is shown in the middle period of life, that is, from thirty-five to fifty-five. At age thirty the abstainer will live 38.8 years, while the non-abstainer has only 35.1 as his expectancy. At age forty the abstainer has 30.3, the non-abstainer 27.4.

There is a decided inclination on the part of the laity to believe that beer is not only not harmful, but contains a large amount of nutriment. This belief is entirely opposed to the results of scientific investigation, laying aside the moral and religious aspect, and is not the deliverance of cranks or fanatics. It is a fact subject to daily inspection that beer-drinkers do accumulate adipose tissue, and have a florid complexion, which to the casual observer means improved health, but the trained eye sees a muscular system undergoing fatty degeneration, the intellect dulled, the judgment warped, a subject unable to successfully fight the ravages of tuberculosis, one who cannot undergo fatigue, sickness, or surgical operations. The bright complexion is not caused by an active circulation but is the result of the blocking up, or congestion on account of a sluggish circulation, and thus the system is deprived of its recuperative powers, and its vital forces are constantly being lowered. Beer produces the lowest form of inebriety, and finally an intellectual paralysis.

Realizing that this information is in their hands, and is doubtless well known by every practitioner, it does seem that the doctor who is too liberal with his whiskey prescriptions is not only impairing the usefulness of his patient while living, but deprives him of several years of his alloted life, and in this way, for a pecuniary compensation, sells out an honorable profession.

Ocular and Cutaneous Tuberculin Reactions.*

By W. C. Mudgett, M.D., Southern Pines, N. C.

Early diagnosis of tuberculous conditions being the objective of all engaged in the prevention as well as the treatment of tuberculosis, anything which would bring about this desired result, in a positive manner, in the great majority of instances should be eagerly accepted and given a careful and systematic trial.

In the conjunctival and cutaneous tuberculin tests I believe that we have such an agency, one, which, in my opinion is harmless when properly used, as well as being in a measure of prognostic value.

For the past year I have been using these tests in a small number of instances, twenty cutaneous and one hundred and twenty-six conjunctival tests, and the results and conclusions arrived at will form the basis of this paper.

The cutaneous test of Von Pirquet is especially applicable to children and is carried out in a manner similar to vaccination. In the few cases in which I have enjoyed an opportunity to use this test I have proceeded in somewhat the following manner:

After sponging off a small area on the inner surface of the arm with ether a drop of Koch's old tuberculin in 25% solution is dropped upon this surface, under which a slight abrasion is made of the skin, this being repeated in a spot about three inches from the first, between these two a third abrasion is made upon which is dropped one drop of a solution made up of one part five per cent. carbolic acid in glycerin and three parts normal salt solution, this being the control.

A typical reaction consists in a rather sharply circumscribed hyperæmic swelling about five-eighths of an inch in diameter, having a small papule deeper in color, having a central depression about the size of a pin-head. There is neither fever, nor evidence of general disturbance and no glandular swelling.

If the patient was tuberculous the reaction in my cases have been first noticeable in from six to eighteen hours, reaching its maximum in from twenty-four to thirty-six hours, and varying in its duration from five to seven days, though in three instances lasting from ten to fourteen days. The reaction was of different degrees of intensity, though perfectly definite in all cases. The results were as follows:

A positive reaction was obtained in twelve cases considered tuberculous. Of these twelve one had pleurisy with effusion, three tuberculous adenitis, six positive pulmonary tuberculosis, one suspected pulmonary tuberculosis and one a case of mentally abnormal child of poor physique, six yesrs of age, with enlarged tonsils and adenoids and a blood count of three million red blood corpuscles per cu. m. and hemoglobin sixty-three per cent. Of the eight cases considered non-tuberculous two gave a positive reaction. In one there were some evidences of sophilitic manifestations, the other a child of seven years had hook-worm disease, and was considerably emaciated. The six remaining cases were either healthy children or those suffering from some slight temporary indisposition. The tests were carried out on children of six years of age and under twelve years.

There were no bad effects following the use of this test, neither were there any excessive reactions, and it has these advantages, ease of application and there is not the necessity of close observation.

The reaction when positive means, of course, that we are dealing with a probable tuberculosis, but a negative reaction is

*Read before the recent meeting of the North Carolina Association for the Prevention of Tuberculosis held in Greensboro, N. C.

equally important, because by it we are enabled to exclude a diagnosis in many cases which would otherwise be extremely difficult to diagnose.

The ocular reaction of Wolff-Eisner and Calmette I have used in one hundred and twenty-six cases and prefer it to any of the tests. The method of procedure is simple, the solution of one per cent. tuberculin should be freshly prepared and warmed for each instillation. A very careful examination should be made of the conjunctiva of both eyes alone and in comparison, and if perfectly normal one drop of the solution should be instilled into the conjunctival sac of the eye selected, the lower lid being held away from the eye-lid for a minute and a half to allow the solution to completely reach all parts of the sac before closure of the eye.

The reaction which varies from a mild to a more or less severe conjunctivitis, as a rule reaches its greatest intensity in from seven to fourteen hours. There is slight lacrymation; when the reaction has been marked there is an increased secretion of mucus, the lids have a tendency to stick together, and some of the patients complained of a burning sensation and a feeling as if a particle of sand were in the eye.

The reaction, as a rule, commenced to show signs of abatement in from twenty-four to thirty-six hours. In five cases there were evidences of the reaction lasting from nine to eleven days, and while not producing any great discomfort it was deemed advisable to institute treatment, the condition rapidly clearing up.

This condition may very probably have been brought about by the patients rubbing the eye, as it occurred only in those cases which were difficult to control and in the young.

Of the one hundred and twenty-six cases in which this test was used sixty-five were considered non-tuberculous, twelve cases possibly tuberculous and forty-nine positively tuberculous.

Of the sixty-nine healthy and non-tuberculous individuals there was a positive reaction in three cases, for which no immediate cause could be assigned, though one of these cases had had typhoid fever some four months previous.

Of the twelve possibly tuberculous cases there was a positive reaction in seven, negative in five. Two of the positive reactions were obtained in patients of seven and twelve years of age, both having had whooping cough two and three months previous to the application of the test. The remaining cases were made up of those having a chronic bronchitis or those having a chronic stomach affection with anemia, and those showing a bad family history with indefinite symptoms which might point to tubercular conditions.

Of the forty-nine known tuberculous cases the reaction was positive in forty-one, the remaining eight, with one exception, being very advanced cases with little vitality. This one case, which was positively tuberculous, yet did not react, was in the second stage of the disease and was running a temperature of 101° F. when the test was used, and was given a second instillation in the opposite eye two weeks later when his temperature had dropped to 99.5° F. and got a very slight reaction which was considered of no value whatever.

These cases in which a positive reaction was obtained included one Potts' disease, one tubercular testicle, two hip-joint disease and three cervical adenitis, the remainder being pulmonary tuberculosis, with laryngeal involvement in six.

It has been claimed that permanent injury has been done the eye by the use of this test. This I believe to be due to faulty technic or the use of the test in an eye which is not normal.

The number of instances of this test so far reported amount to probably over fifteen thousand, and such a few cases occurring in which bad results were obtained or permanent injury done the eye that it seems to me it would lead any unprejudiced person to believe such was the cause rather than the tuberculin solution itself. In my cases only in one instance did there occur any symptoms that might be considered alarming. This was in a youth of fourteen years who had cervical adenitis and was running a temperature of 99° F., and who gave a history of having had several glands removed two years previous which were tuberculous. In his case there was quite marked œdema and inflammation of the lids with inability to open for two days; very little excretion of mucus though the inflammation was confined mostly to the lids with little involvement of the corneal conjunctiva, but a slight dilitation of the pupil. This boy now has a tubercular foci in the right lung thirteen months after the test was used which was very probably present at that time.

I believe that the ophthalmic test is a reliable and very valuable aid in the diagnosis of tuberculosis, and that it is entirely harmless when properly used; is simple and one that any practicing physician may carry out, making it possible for him to confirm or exclude a diagnosis. Both of these reactions are of especial value in those cases where we have slight signs at one apex with negative or absent sputum. However, these tests are not by any means

infallible, and most certainly should not take the place of or in any way cause us to be lax in or neglect our physical examinations. They are always to be taken in connection with the general symptoms and physical signs.

The ophthalmic test in contra-distinction to the cutaneous inoculation almost always when positive indicates developing or active tuberculosis, but is negative in those cases with healed lesions as demonstrated in four cases of my own in which this test was used seven to nine months subsequent to the discharge as cured of patients who had been under my care who did not react to two applications of this test. I do not believe that second instillations for diagnostic purposes should be used, for they are of little value, but a double test, that is, simultaneous use of the ophthalmic and cutaneous test showing a positive reaction would furnish almost conclusive evidence of the existence of an active foci.

It has been shown by several authorities that failure of the conjunctival and cutaneous tests is of unfavorable omen when there is manifest active tuberculosis with presence of bacilli.

I Prevent Tuberculosis by Timely Use of the Only Known Cure.*

By M. Eugene Street, M. D., Glendon, N. C.

Every time I cure a case of tuberculosis I prevent one or more cases and decrease the death rate of consumption by that much. When a case has advanced too far that patient can't get well. Truth doesn't spare sensibilities and it is best to inform the patient of his or her standing. If there is reasonable hope for recovery tell them so, if there is no hope be equally frank.

Every case of tuberculosis has come from another case, and every case not cured or properly managed is likely to cause one or more cases later on.

I tried to cure consumption for awhile and the results were discouraging. Then I said I will teach them how to get well. Results were more encouraging. Since then I have been working along that line, and as I learn how to teach better, results are still better. Then I said, "You can't cure tuberculosis in the ordinary sense of the term cure, because we have no known agent that will cure it, but you can teach a patient how to get well."

As we have no agent that will cure tuberculosis, and as the only way for a patient to get well is to be taught how to do so, isn't it time that the treatment of tuberculosis be stripped of all immaterialities and pretentions? I try to keep up with the advance of medical science—especially so with therapeutics, and so far have failed to find anything that would cure tuberculosis by being swallowed by the patient, injected into him or inhaled, as completely as I have failed to find anything that could be given that would change the color of a man's eyes from blue to brown or the color of his hair from red to black. Fresh air, good food and rest—the hygienic-dietetic treatment, make up the only known cure for tuberculosis. Timely employed and the patient properly instructed his chances to get well are very good. A hundred times better than by the employment of all the tuberculins or other agents whatsoever that have been lauded as cures for tuberculosis. Use any or all of these agents and leave out the hygienic-dietetic treatment and your success will be one hundred times less. Leave *them all* out and employ hygienic-dietetic treatment and your success will be one hundred times greater.

Then the wise thing to do—the straightforward, honest thing to do is to give the patient hygienic-dietetic treatment, as only this gives the patient a square deal.

The indiscriminate experimentation with tuberculin has hurried its scores of hundreds on to that land from whose bourne no traveler returns. Great things were expected of tuberculin. It is useless without hygienic-dietetic treatment and useless with it. At the oldest and best regulated of the State Sanatoria, at Rutland, Mass., it is not used.

Ninety-nine times out of a hundred where it is administered today it is ignorantly employed. The best informed observers throughout the world deplore the havoc that has been wrought by it, as well as that still going on by its use. The dosage and frequency of its administration has been constantly lessening until it has reached the vanishing point, except in the imagination. One grain is a pretty small quantity but a milligram is only about 1-65 part of a grain, but when it comes to five one-hundred thousandths of a milligram you have a quantity so infinitesimally small that it can hardly be said to exist even in the imagination—and as a therapeutic potentiality it in fact does not exist. But this is the dose of tuberculin recommended by Schroder at the annual meeting of the Medical Directors of the German Sanatoriums last October. And this imaginable dose was given only at intervals of ten to fourteen days. The hygienic-dietetic treatment was not neglected.

It is time that the public be informed of

*Read before the North Carolina Association for the Prevention of Tuberculosis held in Greensboro, N. C.

the great danger attending the use of tuberculin.

No man could have given the advent of tuberculin a heartier welcome than I, but it has been weighed in the balance and found wanting as a tuberculosis cure, and nobody regrets that it was so found more than I do.

Because the treatment of tuberculosis is simplicity itself it doesn't follow that any simpleton can successfully administer it. The greatest tuberculosis expert is the physician who is most expert in general medicine. A thousand people who are in the early stages of tuberculosis are no more exempt from grippe and the hundred and one maladies than a thousand people who are not—in fact, not so much so. And it is more essential to immediately recognize and properly treat abnormal conditions of health in the tuberculous than in those not so afflicted. Another necessity for being an expert in physical diagnosis and diagnostics of internal medicine is to be able to know how the patient is progressing. It should not be neglected too soon. It is not necessary to continue it indefinitely. The timely employment of the hygienic-dietetic treatment of tuberculosis—teaching the patient how to live and what to eat is successful in all lands and all climes, has cured a hundred more patients than all other means combined, is the only universally acknowledged treatment, and is today *the only known cure for tuberculosis*. And it is as successful in one country as in another, in one State as in another, and in one county as in another.

Some Thoughts on Emotional Indigestion.

By Geo. M. Niles, M.D., Atlanta, Ga., Professor of Physiology, Southern College of Pharmacy; Lecturer on Physiology, Atlanta School of Medicine; Gastro-enterologist to the Tabernacle Infirmary.

While it is generally admitted that Moses was the earliest writer on hygiene and the regulation of contagious and infectious diseases, I believe that Solomon was the first to recognize the influence of the emotions on nutritional processes in the human body, for in Ecclesiastes we find that "A merry heart doeth good like a medicine," and also "Better a dinner of herbs where love is, than a stalled ox and hatred therewith."

The chemical properties of the various digestive juices are fairly well understood, and, though many of the intermediate steps in the metabolism of the different food elements are unexplained, we can at least calculate their potential value in Nature's constructive housekeeping.

Up to the last few years little weight was given to the factors responsible for the excitation or inhibition of these juices, apart from the chemical and mechanical. It seems that the well-considered words of old Solomon were unheeded, and I might add that in the discussion of physiologic digestion, as well as the consideration of pathologic indigestion, the influence of the emotions received scant notice.

Briefly stated, when food is taken, the secretion first started is due to the *sensation* of eating and of taste—that is, it is a psychical secretion. The afferent stimuli originate in the mouth and nostrils; the efferent path, the secretory fibers, is through the vagus nerve. This reflex insures the beginning at least of gastric digestion, but its effect is supplemented by further action arising in the stomach itself.

Certain foods contain substances designated *secretagogues*, which are capable of causing a flow of gastric juice when taken into the stomach, for instance, meat extractives, meat juices, soups, etc. Other foods are lacking in these ready-formed secretagogues, and have to practically depend on the psychic secretions.

I might say, without going further into the physiology of digestion, that each of the digestive juices is to a great extent regulated this way, both the amount and specific quality being furnished according to the chemical and mechanical needs, these needs being previously interpreted by the psychic sensations evolved.

This being understood, it is easy to see how the mental state of a person will have a marked effect on both the secretion and motility of the alimentary tract.

In Burton's Anatomy of Melancholy, published in 1621, this instance is cited: "A gentlewoman of the same city saw a fat hog cut up, when the entrails were opened, and a noisome savour offended her nose, she much misliked, and would not longer abide; a physician in presence told her, as that hog, so was she, full of filthy excrements, and aggravated the matter by some other loathsome instances, insomuch this nice gentlewoman apprehended it so deeply that she fell forthwith a vomiting, and was so mightily distempered in mind and body, that with all his art and persuasion, for some months after, he could not restore her to herself again, nor could she forget nor remove the object out of her sight."

In writing on nervous anorexia over a year ago, I reported the case of a lady who could not order supplies from the butcher over the 'phone, on account of the mental images produced. When she attempted it, she would at once conjure up a vivid picture of gory meat, of raw head and bloody bones, while all the loathsome scenes con-

nected with the shambles would so crowd her seething imagination, that she would be at once seized with nausea and vomiting, followed later by a profuse diarrhea.

To encompass in a few words the subject of gastro-intestinal psychoses is impossible. As Bassler says, "When we deal with perverted states in the minds of others, we deal with effects from conception and perception, mental habits, inheritance and early training, physical and mental environments and education, their hopes, fears, ambitions, disappointments, grief, suspense and anxiety."

To understand how all of these may affect the body in general and the digestive tract in particular, the physician needs only to analyze moments in his own past life, or incidents in the lives of others under his close observation, and, coupled with the enlightening researches of Cannon and Pawlow, he will realize the intimate relationship of the emotions over the digestive processes.

Every one reading this article will recall in his experience some pronounced symptoms of cessation of digestion, as spasms of the cardia or pylorus, manifested by decided anorexia, nausea, vomiting, or diarrhea, brought on by purely emotional reasons.

The first mental perversion disturbed the stomach, and the perversion of the stomach, in turn, aroused in the mind greater disturbance, and thus between them, the influences continued to and fro like a pendulum, until digestion was seriously impaired, and functional derangements were followed by organic changes.

Let me give a few instances: Hornborg observed a little boy who was exceedingly hungry, but, after waiting until he became so impatient that he cried, when food was offered him no salivary secretion appeared, and he could not swallow except by an effort.

Muller reported the case of a young woman whose lover had broken the engagement of marriage. She wept in bitter sorrow for several days, and during that time vomited whatever food she took.

A number of years ago, when in general practice, I attended a primipara whose husband was a hearty and robust man. He ate a good breakfast, but soon after, on being grieved by her pains and lamentations, vomited the whole meal, nor could he eat again until she was safely delivered.

Recently there came under my care for chronic indigestion a married lady, who, up to the death of her only infant, which occurred a year ago, "Never knew she had a stomach," to quote her own words. Since then she has known little else. Treatment has not proved satisfactory, but, should she become pregnant, I am confident her trouble would disappear, for in other respects she is apparently a healthy woman.

That the narration of some disgusting anecdote, or the discussion of an unsavory subject during a meal may inhibit the appetite, or set up vomiting is of common knowledge, while the salutary effects of pleasant surroundings and the amenities of the table has been written on by myself and many others.

A digestive neurosis is a thing of infinite variations. It may change its symptoms from week to week—almost from day to day. It may exhibit a complex group, or may present in some one particular an inexplicable annoying condition.

It is well, therefore, before "standing pat" on a diagnosis of emotional indigestion to exhaust every intelligent method of investigation, and by the process of careful exclusion eliminate as far as possible underlying organic lesions. I say *as far as possible*, for in some instances organic disturbances are present either *propter hoc* or *post hoc*, and must be taken into account in the management of a case,

As to the treatment of this series of gastro-intestinal psychoses, I can only say that it must embrace more hygiene than dietetics, more suggestion than medicine.

The physician who attempts to reach these intangible and evanescent symptoms by a rigorous system of dieting, will soon find his patient in a habitual state of gastronomic introspectiou; while acids, alkalies, or other adventitious aids to digestion will be foredoomed to failure.

Simple stomachics frequently exert a helpful influence, and the ferruginous tonics are often rationally indicated.

The key note to the treatment of this class of sufferers is to get the mind off the stomach, to lift the daily thoughts out of a rut, to furnish the body with a sufficiency of nourishing food—in other words, to break the vicious circle, and allow the psychic aids to digestion to resume their normal place in the bodily economy.

This brief presentation of a most important subject is written at the courteous request of the editor, who was kind enough to indicate that he thought I could contribute something of interest to the Charlotte Medical Journal. Whether or not the task has been acceptably performed must be decided by the readers.

409-10 Candler Building.

The Uses and Abuses of Forceps.

By Dr. A. B. Croom, Maxton, N. C.

Mr. President and Gentlemen: In presenting this paper I wish to say that I do

so, more from a desire to elicit an expression of opinion on the part of the members of this society than to give my own opinion in the matter. That the subject is one for debate, I believe we all will agree. I believe further we will agree that it is a question or we might say a fine point and that there is a sharp line of demarcation as to just where the uses end and the abuses begin with reference to the forceps in obstetric work.

No one in these days will doubt that the forceps have a most important place in the Obstetrician's work. And yet we meet occasionally a man who has practiced general medicine for 40 years with never one indication, in his opinion, for the use of forceps.

Few of us, I take it, will deny that there is at least some abuse of the forceps; and still we may find a man admitting this who uses forceps in a great number of his cases rather than contend with a few hours detention.

Again we agree that Nature will deliver it we only wait and give her a chance, and in waiting it may be for two or three days after active labor has begun, this man forgets that his patient is undergoing a great amount of unnecessary suffering, that her strength is being rapidly taken away, that her life is in danger and possibly further that the life of the unborn child has already been sacrificed either from his neglect to watch the condition or his lack of knowledge as to just when and how to employ this most valuable aid.

In drawing these extreme pictures I do not wish to be understood in a critical sense; but I do not hesitate to say that there are cases to be found to fit these two extremes, and second, that in my opinion, they are both far wrong from my ideas of a safe, conservative and well-rounded Obstetrician. Can we not, then, get together on some basis, bring those ideas to bear, one against the other, and agree that the forceps is a good thing, a safe friend to depend upon, and to always have with us and ready in this line of work for any emergency? Yet let us not forget that there is such a thing as "too much of a good thing".

What, therefore, are the uses of the forceps? And what constitutes an indication for the forceps?

In a general way we would say that the forceps are indicated when the full-term active labor is no longer active, the presenting parts arrested, and Nature seems unable to make further progress unassisted. Still we should here remember that the forceps are not the only assistance at our hands, that podalic version in some cases is of great value and other simpler methods; as manual manipulation, or a slight help with the fingers will often save the forceps operation. But back of all this we should determine accurately at the outset the pelvic measurements and the relative size of the fœtal head. A forceps operation to deliver a head larger than the pelvis will admit is injurious to both mother and child and of no service whatever.

A well dilated cervix or one which can be dilated, ruptured membranes, a suitable presentation with a corresponding pelvis where labor is arrested and does not become active from a slight assistance as some manipulations with the hand or a few doses of Quinine, then, constitutes an indication for the forceps.

And right here arises a frequent question in regard to forceps: Shall I use the forceps where the progress is extremely slow, though the indications are that Nature will in time terminate things satisfactorily? Shall I allow the case to go on for 24 hours, for instance, where the patient's strength has already been severely taxed and the fœtal heart shows danger if delivery is longer delayed where the simple application of the forceps rendering a little assistance to Nature will terminate it all, save the woman further suffering and possibly mean the life of the child? By all means have your forceps ready under such circumstances and use them, being careful as to proper preparations in the way of asepsis—sterile rubber gloves &c., and the necessary help for doing the operation. Here, however, is the very place we can so easily drift into the abuse of this valuable agent. Do not, as a fundamental principle, forget the wonderful ability of Nature to handle these cases and often where a natural delivery would seem for a time impossible a favorable turn comes and the mother and child are safely out of pain and danger while the Obstetrician has been sitting quietly by watching for a time to "take a hand". Yet in many of these cases the wisdom of waiting is clearly seen, for in a similar case the very busy business doctor in his efforts to rush to the next case has prematurely resorted to the forceps and much damage has resulted or possibly the bad effects are not seen until the child grows up to develop Epilepsy as a result of injury from the forceps.

Let us, therefore, feel sure of our position and ability to perform properly the operation which seems so simple and yet requires an accurate knowledge of the art and good judgment as well.

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EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

REMOVAL OF TONSILS AND ADENOIDS.

Some little time ago when the old time diagnosis of inflammation of the bowels was proven erroneous for many pains in the abdomen and appendicitis substituted for that particular symptom complex that indicated an inflammation of the appendix, it was the style to remove that part of the anatomy on the slightest provocation. In fact it was ofttimes removed without any provocation at all. Every stomachache was diagnosed appendicitis and every diagnosed case of appendicitis meant that somebody was in danger of an operation that would leave them appendixless. The surgeons were becoming overworked removing appendixes. Those appendixes that had sinned and those that had not were both in the same class. All that was needed to have the appendix taken out was a pain almost anywhere in the abdominal cavity. And then suddenly the profession woke up and therefore still a few of us can boast of still owning an appendix. Now even every "sick" appendix is not being removed. The profession has learned better. What has all this got to do with tonsils and adenoids, you may ask. Just now with tonsils and adenoids it is about the same as it was in the early days of appendicitis. Almost as soon as a physician discovers a patient of his, especially if the patient is a child, possesses tonsils, he concludes that of course the patient has adenoids and is nervous and experiences bad dreams and loss of appetite until he has operated on that patient to remove the said tonsils and adenoids. The very worst phase of the matter is the fact that most operations for the removal of tonsils and adenoids are little more than farcial, for every physician thinks the operation such a simple easy one that of course he can do it and do it well. The result is, therefore, that most of the cases have almost as many adenoids and about half to three-quarters as much tonsillar tissue as before the operation. The mere fact that a child is guilty of being born with tonsils is insufficient cause for their removal. Also, the fact that a child has an occasional attack of tonsilitis. It's the same with adenoids. Practically every one of us had adenoids when we were born to a greater or less degree and still have them. An occasional cold in the head did not and has not caused us to rush to have them removed. Therefore, why this "slaughter of the innocents?" There are cases, and a great many of them too, where it is justifiable to remove the tonsils and adenoids, and there are others where the only justification seems to be that the operator needed the money, or if in a dispensary the expe ience. Where it can be shown that the existing state of the tonsils and adenoids are having a detrimental effect on the physical and mental development of a child they should first be treated medically, and only after the failure of the proper medical treatment should operation be resorted to. And when operation is decided on let it be done correctly and thoroughly or not at all. Let it not be like the greater number of operated casse that one sees, in which most of the adenoids may be found upon examination to still be in situ in their original place, and the only part of the tonsils gone is the tops of both the glands. It is not fair to the patient to have him go through the pain and suffering, both mental and physical, of the operation only to have him have the same troubles as he had before he submitted to it. The physician who undertakes this "simple" operation owes it to his patient to do it in the proper manner and not so that the patient derives no benefit from it at all. Incidently it has always seemed to the writer that an anesthetic is indicated in most cases, for not only then can the operation be more thoroughly performed but the shock to the nervous system of a child scared half to death by the entire procedure should be taken into account. Also, there are very few operators so skillful that they can do good work on a struggling screaming child who is fighting, biting and kicking with all his might and main against the operation.

EARLY DIAGNOSIS IN TUBERCULOUS BONE AND JOINT DISEASES.

When orthopedic surgery was in its infancy the orthopedic surgeon thought that much had been accomplished when he had checked the tuberculous trouble that afflicted his patient, even though a stiff joint or a distorted limb was part of the final result. What the patient thought about it has not been recorded, but it is supposed that he was thankful to have escaped with his life, even though left in a somewhat helpless condition. Now the orthopedic surgeon would be ashamed of such a result in a case coming under his care early in the disease. He not only seeks to cure the tuberculous process, but to prevent, as far as it is possible, stiffness, deformity and loss of mobility in the part affected. And it is wonderful how far he is successful in this in most of the cases with the increased knowledge of

the conditions present and the improved methods of treatment. The unfortunate circumstance is, however, that the first doctor to see these cases is not the orthopedic surgeon but the family physician, and on him devolves the very, very important task of making an early diagnosis of the condition present—and he should be able to do it. There is an excuse, perhaps, for him in not being able to treat the case properly owing to lack of practice in using the mechanical means and the medical measures necessary in such cases, but it does not seem excusable to overlook the symptoms in these cases or to find them present and not be able to interpret them correctly. There is no mystery about them. There is nothing hidden. Each particular condition has constant and unvarying symptoms in the greater number of cases. Symptoms that should be as plain to the average doctor as are the symptoms of any other disease. Occasionally a case may present in which the diagnosis is not quite so easy, but that is true in every department of medicine, even so ordinary a disease as measles sometimes presenting in a puzzling form. In Pott's disease, for example, the beginning deformity, (a sort of sharp angular deformity) constant even on suspension and stretching, limiting, owing to the muscular spasm that has taken place to protect the diseased parts, the mobility of the spine at that point, the referred pains to the parts supplied by the nerves emerging at the seat of the disease in the spinal column, and the "night cry" are three symptoms that could hardly mean anything else to the careful physician but a tuberculous caries of the spine. There are many other symptoms also to be taken into consideration, but just as a history of a running nose, sore eyes, a hard cough and a rash would immediately make the doctor think of measles, so should the above mentioned line of symptoms make him think of tuberculosis of the spine. Cases recognized at this stage and put under proper treatment at once would tend to make hunchbacks almost as scarce as the proverbial "hen's teeth." Results like that also help to increase the confidence of the public in the profession at large and in that particular doctor who was wide awake enough to know what he saw. So is it in hip-disease, knee-joint disease, etc. Each of them in turn present at least a few classical symptoms which should awaken at least a suspicion in the doctor's mind of the nature of the trouble which confronts him, if not cause him at once to make the exact diagnosis. After making such early diagnosis it is then next in importance to put the case under the proper treatment. Treat it yourself if you are capable of doing so, but don't let the financial consideration for the treatment weigh with you in coming to a decision as to your capability. Your duty to your patient comes first, last and in between.

THE HIPPOCRATIC OATH vs. VENEREAL DISEASE.

Supposing your daughter whom you knew to be a well, refined and pure young woman was about to be married to some young man to all intents perfectly healthy. Supposing this man, however, to be afflicted with one or another of the venereal diseases which to you he had denied having when you, a physician, had casually hinted something about them to him. Supposing that his physician was your most intimate friend and a friend of the family, and perhaps had been in attendance on your wife when this young lady about to be married was born, and had been more or less interested in her ever since. Must this brother physician and family friend stand by silently and allow your daughter to be sacrificed to the "Devil of Immorality?" Must he stand by silently and allow your daughter to be contaminated upon what is supposed to be the happiest day in a woman's life, her wedding day, with a vile disease that is destined to rob her of good health, her happiness and of that perogative of womanhood—child-bearing? Must he stand by silently and allow your daughter, whom perhaps he loves also as a daughter, to be contaminated with a vile disease that may bring her to the operating table on which she may yield up the breath of life or, surviving the operative ordeal, leave the table de-sexed for all practical purposes? Must he stand by silently and allow all these crimes mentioned and many more to be committed against your daughter, making himself thereby a virtual accomplice in the eommitting of them, as by his silence he makes them possible? Yes, he must, because he is also the physician of the young man in question and the Hippocratic oath compels him under pain of violating his most sacred word of honor to remain silent. Should he violate this oath and speak to protect this daughter of yours the law makes him liable to heavy damages. At present to live up to the oath and the law he can only go to the young man who would contemplate such a crime and explain to him the awful results, appealing to his sense of honor and manhood to listen to him. Yet, if despite all the physician said to him, the young man insisted on going ahead and getting married, he would have to stand by and remain silent while the daughter of a brother practitioner and

friend went to her destruction. Does this picture seem to you a little strongly drawn? It's not overdrawn, however, for it is a true statement of facts of what would have to happen in such an instance. It is what is happening every day when men afflicted with venereal diseases are marrying despite the protests of their doctors, who have to remain silent when they would like to seek out the intended unfortunate brides and warn them against these despictible monsters. Has the time not arrived when physicians should be legally released from their obligations in this regard when silence means disaster to some other innocent party? Is it fair to the doctor that he should be made an unwilling but still virtually an accomplice to the impending crime? Secrecy in medical matters is necessary in many things, but should the innocent be allowed or rather made to suffer so that the guilty might be shielded? No, it is not just that such should be the case, and the Hippocratic oath should not be allowed to keep the physician silent when the venereally infected seek to spread the vile disease, and especially when they choose the good and pure for the contamination. Either this should be so or physicians certificates of freedom from venereal diseases should be required of all applicants desiring to marry.

THE GRADY HOSPITAL IN ATLANTA.

This well known institution seems to have some internal irregularities. The Superintendent, Dr. Summerall, the Medical Staff and the Directors don't seem to be able to agree upon various points bearing upon its management.

The difficulty that has originated at the Grady Hospital demonstrates clearly that it is not necessary to have the business part of it run and controlled by a physician or surgeon who is in active practice. It further illustrates that it is very difficult to construct by-laws to govern an institution of this kind. It still further illustrates the inadvisability of trying to combine a city charity hospital with a paid or private department.

The writer has always had the belief that a city hospital ought to be purely charity, that a church hospital ought to be purely charity, and that when any church or city tries to run a hospital, catering to the rich as well as the poor, complications are very frequent.

It is occasionally the case that a church hospital or city hospital can be run fairly economically, but this circumstance is extremely rare. Church institutions, unless handsomely endowed, are usually failures. We have now only a very few city hospitals with private rooms. People who are able to rent or take private rooms in institutions usually go to private institutions when they get sick, or need a surgical operation performed. In all semi-charity institutions, it has always been just as it is now in Atlanta. If the Grady Hospital was purely a charity institution, its management would be easy. As it is, its management is so unwieldy, so complicated, so likely to produce friction among those interested, that it is, from a professional point of view, undesirable to have any connection with it; certainly this is true so far as well known physicians and surgeons are concerned. It is, from a surgeon's standpoint, and possibly from a physician's standpoint, desirable, under certain circumstances, to be connected with a city, or charity hospital, but it is not desirable for a physician or a surgeon to be connected with an institution in which there is a pay department, and when the directors, when they see fit, can cancel his relationship with the institution. Possibly for years a surgeon works in the interest of the pay department of the institution, builds it up to a very decent condition, so far as patrons are concerned, and then he is kicked out for some unimportant reason, and he loses the results of his many years work. In the event that it is a purely charity institution, when he loses his position he loses nothing except work and experience. A wise physician or surgeon will not exert himself very much to build up the pay department of a city or church hospital if he has other more stable hospital facilities.

CLOSING EXERCISES OF THE NORTH CAROLINA MEDICAL COLLEGE.

On April the 19th the closing exercises of the North Carolina Medical College were held in the Academy of Music, Charlotte, N. C. The address to the Graduating class was delivered by Dr. J. C. Kilgo, President of Trinity College, Durham, N. C. His subject was "The Larger Professionalism," in which the speaker emphasized the changed environments in which the professional man of today works, whereby he becomes a man of cosmopolitan influence, with his life-work being no longer hemmed in by the narrow walks of a single profession, but extending through society in all of its phases, permeating all, so that the professional man of the present day is force in his community.

Fourteen graduates received diplomas, which were delivered by Dr. J. P. Munroe, President of the College. Dr. W. O. Nisbet, Dean of the Faculty, acted as master of ceremonies.

The exercises were attended by a cultured audience which filled the entire academy.

The graduates were as follows: J. T. Benbow, M. H. Brawley, R. G. Caudle, J. R. Finney, C. T. Grier, S. A. Harding, W.

L. Howell, W. S. Matthews, C. H. Pugh, P. R. Rankin, R. W. Spicer, B. C. Taylor, C. J. Turvey, J. A. Boman.

THE UNIVERSITY COLLEGE OF MEDICINE, RICHMOND, VA.

At a very enthusiastic meeting of more than two hundred students of the University College of Medicine, held in the city of Richmond recently at which Dr. Stuart McGuire presided, it was decided to erect a new and magnificent building on the site of the old college, which was some time ago destroyed by fire.

We understand that the new home of the University College of Medicine will be fire proof, and will be erected on a most magnificent plan. The building will be equipped with a central heating plant. It will own its own power plant, and it expects to inaugurate a system of cold storage for the preservation of dead bodies.

It is evident that the prominent physicians interested in this enterprise will erect a building that will be second to none in the South, and will be a credit and an ornament to the city of Richmond.

It is believed at this time that the new college will be open on September the fourteenth of this year, and it is the belief of those who are interested in it that the equipment will be equal, if not superior, to anything South of Philadelphia.

There will be another mass meeting of the students, the faculty and the alumni on May the 16th. At this meeting the details in the arrangements of the new college will be studied and perfected.

The good reasons for rebuilding this well-known institution are several in number. In the first place it was formerly among the most prominent institutions of its kind in this country. Another reason is, it was a source of great revenue to the city of Richmond. While this is true, we have a feeling of regret that the two medical schools in Richmond did not unite and have a greater medical school for Richmond. It is however, very difficult for two schools, with some degree of rivalry to come together and consolidate and reorganize when both are equal. It is more difficult when one has no plant; only a faculty and a good name, with a large number of unfinished medical students.

The faculty of the University College of Medicine has already in its possession about $30,000.00 or more of insurance money, which can be appropriated for the new building. Dr. Stuart McGuire, President of the University College of Medicine has added to this, the sum of $10,000.00. Dr. McGuire has always been greatly interested in this institution, and his liberality is no surprise.

THE MEDICAL SOCIETY OF THE STATE OF SOUTH CAROLINA.

The sixty-second annual meeting of the Medical Society of the State of South Carolina met in Laurens, S. C., April 20th. It has been just twenty years since the association met in that city.

The South Carolina Medical Association is an organization that is not very largely attended as a rule. Only about one hundred and fifty members were in attendance. Those who were in attendance, however, were men of considerable reputation, and some of them of national reputation. South Carolina certainly can boast of its skilled surgeons and learned physicians.

The annual address by the president, Dr. Jno. L. Dawson, was a plea for the preliminary education of the profession. Among many other things that he said on this subject was: "Nowadays the young men graduate too early, they study medicine to make a living only, and if this state of things shall continue medicine will cease to be a profession and become a trade."

He also said: "The old doctor was a man of all around cultivation, a man of wide reading, a delightful conversationalist, familiar with good literature, and a centre of intellectual education in his community." He asks the question "Is the average medical student in this State today the possessor of even an average education from the high school or small college?" Dr. Dawson makes the positive statement that he is not, and he makes the statement with a feeling of regret. The same thing is true in North Carolina.

Dr. Dawson further says: "Why not demand of each applicant for license not having an A. B. degree from a college, that he write an impromptu essay on some subject to show that he can at least write his own language grammatically?" He is unquestionably approaching the situation intelligently. It might be better, however, to have the applicant exhibit a literary qualification prior to the beginning of the study of medicine. This plan could easily be worked out, as has already been pointed out years ago by the writer.

One of the features of the first session was an address by Dr. Woods Hutchison, of New York, one of the guests of the association, on preventive medicine. Dr. Hutchison is distinguished for his writings and addresses on this subject which he presented in a popular manner adapted to the layman's understanding. The speech was not over ten minutes long, but was very entertaining and very instructive.

Dr. L. B. Morse, of Hendersonville, N. C., was also an invited speaker. His paper was entitled "Earlier Diagnosis of Pulmon-

ary Consumption." The paper was well received.

Dr. W. J. Burdell, of Lugoff, S. C., read a paper entitled "Hookworm Disease in the Negro." He said, among many other things, that in two hundred negroes examined by himself recently, sixty-five per cent. of them had symptoms of the disease. He says that the negro is a host and carrier of infectious diseases, and he gave as his conclusion that sixty-five per cent. of the negroes in the small hill regions of South Carolina have the disease.

Dr. E. T. Parker's paper, which was entitled "First Aid to Injured Eyes" was well received. The discussions were also of interest. Drs. Jervey, Kollock and Carpenter discussed the paper.

At the afternoon session among the features of keenest interest was the paper by Dr. Southgate Leigh, of Norfolk, Va. It related to Cancer. It was well received and was considered of very great value.

After the reading of Dr. Leigh's paper a little ripple of interest, not on the programme, was caused by the differing of two doctors, Dr. A. W. Patterson, of Barnwell, S. C., and Dr. E. J. Jervey, of Greenville, S. C. The former, rising to a point of personal privilege, stated that the Journal of the South Carolina Medical Association some time ago printed an article reflecting on members of the association who were members of the legislature, Dr. Patterson being a member of the latter body. He proceeded to read the article which criticized the failure of physician members of the legislature to vote for Thomas P. Cothran in a contest for judge, taking the ground that other things being equal, as to worthiness of candidates, they should have voted for Mr. Cothran on account of his support of the medical practice bill. Dr. Jervey was not in the room when Dr. Patterson was speaking. Dr. Patterson further stated that he had sent to the editor of the Journal various communications, replying to the article, but received no acknowledgment of them and they did not appear in print. He then proceeded to read his reply, when the chair ruled him out of order. Dr. Wyche moved that he be allowed to continue five minutes, which was carried.

Dr. Patterson finished and resumed his seat and the body went on with other business. Later Dr. Jervey appeared in the hall and was allowed to defend the editorial which he, as editor of the journal, had written. Dr. Jervey was of the opinion, or tried to show animus on Dr. Patterson's part, which the latter stoutly denied. Following this was a running dialogue of pellets of repartee. Seances of this kind are not uncommon when every member of a society feels that he has a right to be consulted about the dotting of every I and the crossing of every T that happens to appear in the official organ of his State Society. In the meantime the editors of these journals have a pretty poor time, and have very undesirable positions.

At the evening session of the first day of the association the council elected, after an interesting contest, Dr. Julius C. Sosnowski, of Charleston, editor of the Journal, Dr. Sosnowski winning by one vote. We understand that there was a belief among a great many members of the association that it was unwise to change the editor of the journal so frequently. It certainly takes an editor a great many years to reach his maximum worth in medical journalism.

On the morning of the 20th of April the Medical Secretaries of South Carolina met and elected the following officers: Dr. C. C. Gambrell, president; Dr. Mary R. Baker, vice-president; Dr. L. Rosa Hyatt, secretary-treasurer. This society is composed of secretaries of the county societies and district councils.

At this meeting papers were read by Drs. E. A. Haines, Walter Cheyne and J. R. Young.

During the second day a paper of unusual interest was read by Dr. E. A. Haines, of Seneca, a member of the State Board of Health. The article is of so much value that we herewith reproduce the most of it. The title of Dr. Haines' paper was the "Medical Inspection of Schools." He said:

"South Carolina has always been in the forefront of progress in many avenues of human endeavor, but to keep her reputation untarnished in medical progress she must look to the conservation of her school interests in all that makes for the complete development of her citizenship. We hear much today about the conservation of our national resources.

The school child is the greatest asset the nation has and as such we can turn our attention to no more potent force for the nation's good. That the function of the physician should not cease with the birth of the child is conceded, that it has done so in many instances is conclusive, and that the oversight of the child's environment and the child itself through school life has been neglected by the profession at large is undoubted. Childhood is where the foundation should be laid broad and firm or else the superstructure will fall short of the development which should follow. This is the most opportune moment I believe in which to launch a State-wide movement for the hygiene of the school child.

The great American Medical Association after years of patient investigation of

the American school child completed its masterly report at Atlantic City less than a year ago. If one of the greatest medical bodies in the world considers the subject of such importance it behooves us to assume a receptive attitude and be guided by a similar inspiration. I repeat, this is the opportune moment, for our attention in South Carolina has been focused on educational matters in the last five years as never before. Indeed, the last general assembly has been termed "an educational legislature." That body suggested the commission of five of our ablest citizens to look into the laws regulating our educational interests and report back to the next session of the assembly such measures as would increase the efficiency of our educational machinery. It is safe to assert that if the medical profession embraces this opportunity as it should, this commission will go on record as favoring legislation for the hygienic care of the school child.

Why not urge a law similar to Massachusetts, which, in brief, is as follows: The school committee of every city and town shall cause every child in the public schools to be separately and carefully tested and examined at least once every school year to ascertain whether he is suffering from defective sight or hearing or from any other disability or defect tending to prevent his receiving the full benefits of school work or requiring a modification of the school work in order to prevent injury to the child or to secure the best educational results. This law appears comprehensive and yet is lacking in a very important particular for our model. It makes no provision for the country schools, the fountain head of the stream of humanity into the towns and cities. Again this commission should advise that a medical man be placed upon the State board of education. His advice should be just as far-reaching as that of the attorney general. Why should we after all provide for medical oversight of the school child?

Here are some of the reasons: Harrington says that the extent of physical defects in children may be concluded from the results of the examination of 200,000 children in New York between the ages of five and fifteen years. Sixty per cent. were under nourished; 66 per cent. needed medical and surgical care; 40 per cent. had bad teeth; 38 per cent. had enlarged cervical glands; 31 per cent. had defective vision; 18 per cent. enlarged tonsils, while 10 per cent. had adenoids. It has been estimated from the result of a recent investigation among school children in New York city that there are in this country 12,000,000 children having defects more or less serious that should receive attention from parents and family physicians. These startling facts cause us to view with alarm the results of the work of the Russell Sage foundation in New York for the study of the backward children. Leonard Ayers reports the loss in progress of the different defects as follows:

Enlarged glands	14.9
Defective vision	None
Defective breathing	7.2
Defective teeth	5.9
Hypertrophied tonsils	8.9
Adenoids	14.1
Other defects	8.5
Average	8.8

Aside from the physical discomforts, the damaging influence of these defects on the mind and morals places upon us an added responsibility. Should we fail to secure legislative enactment, as in most countries and some States, to aid us in solving these problems, what course is open to us? We must mould public opinion in our favor by private efforts. Such a plan as that in Switzerland would soon bring tangible results. Every school board has a physician as an active member, even in the remotest country districts. I know that many of our most influential physicians occupy similar positions and can now exercise great power toward the good outlined.

I trust that I have impressed you with the great necessity for this effort on the part of all concerned in the welfare of our schools and hence will review the work at Seneca beginning September 23, 1909. The staff of examiners consisted of two competent dentists, an eye, ear, nose and throat specialist, two general practitioners and a secretary, the teachers rendering efficient aid at times. There were 200 pupils and from 6 to 18 years—consisting of all pupils from the first to the tenth grades—with the following results:

Teeth defects—Number of pupils 153; number of defective teeth, 600.

Tonsil defects—Number of pupils, 32.

Enlarged glands—Number of pupils, 24.

Adenoids—Number of pupils, three, with a number of suspects.

Eye defects—Number of pupils, 19.

Nasal defects—Number of pupils, three.

Skin lesions—Number of pupils, two.

Orthopedic defects—Number of pupils, four.

Teeth brushed daily—Number of pupils, 170.

Cards of record were used to retain and send to parents. Cards for school government, sanitation, lighting, heating, etc.

I cannot find any report on the negro school child in the South. I examined a representative number and found in general faulty nutrition, practically all with teeth

defects—contrary to the idea that prevails. Fewer serious tonsil defects, compared to the whites; more skin lesions. I did not examine for adenoids. A fair proportion had used the tooth brush.

I also examined a representative number of cotton mill children among the whites. Ninety per cent. had bad teeth, not one used a tooth brush. The other defects differed little from the average school child. I hope to pursue investigations of these two classes of pupils more exhaustively for a subsequent report. I merely allude to the subject in the hope that others may be stimulated to look into the matter also.

The Seneca schools are the first in South Carolina to put into operation the modern idea of medical inspection. Few anywhere have enjoyed such a thorough examination, as the work is generally carried on by one or more general practitioners and trained nurses. The specialists, while not absolutely necessary, add infinitely to the effectiveness of the work in every way. The dental feature is very interesting. The plan of rewards for personal hygiene we have, after grading daily on such matters as brushing the teeth, give us 170 out of 200 brushing their teeth daily. Last year the handsome gold medal was awarded in the presence of the greatest concourse of people ever assembled in our county—and by one of our most distinguished orators and educators, the present president of the South Carolina Teachers' Association, Dr. D. W. Daniel, of Clemson. Such occasions make for progress.

New Orleans and Atlanta both took up this work with the sessions of 1908 and 1909. In the last few months other towns and cities have become interested in one way or another in our own State. Anderson, Easley, Greenville, Connie Maxwell orphanage and possibly others. To secure treatment when needed for the defects disclosed is a large problem. All of our most serious cases were treated by or on the advice of their family physicians. In some places the school clinic has been opened. The English speaking nations have been tardy in this phase of medical science—the Southern States of America showing up to a decided disadvantage. To the general practitioners, specialists, including dentists, this field of work offers much of interest. It places him at once in contact with the great world of progressive education. It takes one out of the narrow confines of the sick room or hospital and opens greener fields and pastures new for research. The emoluments, as the commercially inclined doctor views them, may not suffice to secure his enlistment in the fight preventive medicine entails—yet such men as Jenner, Koch, Reed, Lazear, Carroll, Flexner, Welch and Gorgas have deemed the saving of human lives sufficient inducement for them.

Among other papers of interest that were read was one by Dr. Durham, of Columbia, on "Gastric Atony." His paper was followed by one from Dr. H. R. Black, of Spartanburg, on "Appendicostomy." This paper of Dr. Black's was discussed fully by Drs. Dawson, of Charleston, and Griffith, of Columbia. A paper entitled "Ideal Treatment of Tuberculosis," by Dr. Moore, of Aiken, was one of great value, and was listened to with a great deal of interest. Dr. Sosnowski, of Charleston, described an epidemic of beriberi on a ship which came into Charleston some years ago. A paper of this kind is unusual to be presented to an association in this section of the country. Consequently it was not very extensively discussed.

"Pyelitis in Children" was a paper read by Dr. J. J. Watson, of Columbia, which was very instructive and was well received. Dr. William Weston's paper on "Rheumatic Fever in Children" was thoroughly discussed. Dr. Griffith read a report of a case of appendicostomy by Dr. Pettijohn of the Marine Hospital Service. This paper was thoroughly and intelligently discussed by Dr. J. Shelton Horsley, of Richmond, Va.

Dr. J. L. Dawson and Dr. E. A. Haines were chosen as delegates to the next annual meeting of the American Medical Association.

The following officers were elected for the ensuing year: Dr. J. H. McIntosh, of Columbia, president; Dr. J. W. Jervey, of Greenville, Dr. R. B. Epting, of Greenwood, Dr. R. E. Hughes, of Laurens, vice-presidents; Dr. E. A. Haines, of Seneca, secretary; Dr. C. P. Aimar, of Charleston, treasurer.

The association adjourned on the afternoon of April 21st. On the evening of the 21st at the Traynham Guards' Armory a delightful supper was given the members of the association by the Laurens Chamber of Commerce. There were no set speeches or toasts, but a number of informal talks were made by members of the association and the evening proved to be a very enjoyable one to all the guests.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION MEETING.

The next meeting of the American Medical Editors' Association will be held in the new Planter's Hotel, St. Louis, Mo., June 4th to 6th, inclusive.

The executive committee has been assiduously working for the last few months in arranging for what we understand will be a very interesting and valuable programme.

They are very anxious to make the 1910 meeting the banner one, both from the standpoint of scientific interest and attendance.

We feel sure that everyone who is interested in medical journalism, who attends the approaching meeting and takes an active part in the discussions, will be repaid. In this way each member will add materially to the interest of the meeting.

The annual banquet will take place on the evening of June 6th, and will have some unique features. It is expected that several guests will be present who are especially prominent in semi-medical literary work, and who will make addresses.

THE HEIDELBERG SANATORIUM, FLAT ROCK, N. C.

This Sanatorium is designed and equipped for the care and treatment of tuberculous invalids who present a fair prospect of recovery, and patients who are predisposed to the development of the disease.

The location of this magnificent institution is ideal. Flat Rock is twenty-five miles south of Asheville, N. C., where the climate is even and the air balmy. The Sanatorium is situated in the midst of a large park, and the surroundings are quite picturesque.

The main Sanatorium includes the administration and reception buildings, is constructed on the large pavilion system, that is to say there are two connecting three-story houses, joined together by a long hall and glass enclosed solarium, containing sixty rooms in all with a capacity for about forty patients.

The interior arrangement of the Sanatorium is convenient, commodious and airy. Long halls, twelve feet wide, extend through the center of each pavilion on all floors from front to back. The rooms are unusually large, well ventilated and thoroughly lighted. There are bed rooms on all floors. Balconies, porches and sun-rooms connect on each floor with bed rooms, and have conveniences for sitting, reclining or sleeping in the open air.

The bed-room furniture has been carefully selected with a view to both health and comfort: white enameled iron or brass bedsteads, steel springs, felt mattresses, movable floor rugs, etc. Everything plain but comfortable.

The appointments are modern and sanitary: toilets and baths with hot and cold water on each floor. Several suites of apartments are fitted up with private bath rooms attached. The Sanatorium has its own system of water works. The supply, which is amply sufficient for all purposes including fire protection, comes from pure mountain springs and is elevated to tanks above the roof by means of steam pump and hydraulic engine.

The drinking water takes its rise from deep springs beneath a solid bed of granite many feet thick. Being remote from any possible source of contamination, clear, cold and sparkling, and free from all injurious constituents, it is both refreshing and patable.

The staff of the institution is as follows: Visiting Physicians, A. B. Drafts, M. D., W. R. Kirk, M. D., W. B. W. Howe, M. D., Hendersonville, N. C.; Consulting Physicians and Advisory Board, Herman M. Biggs, M. D., Alexander Lambert, M. D., W. H. Park, M. D., New York, N. Y.; Mazyck P. Blanton, D. D., LL.D., Danville, Ky.; Hon. R. G. Rhett, Charleston, S. C.; E. W. Ewbank, vice-president Citizens Bank and attorney at law, Hendersonville, N. C.; Medical Director and Physician in Charge, Arthur R. Guerard, M. D., Flat Rock, N. C.

SARCOMATA AND ITS TREATMENT.

When confronted with a patient who is suffering from a tumor sarcomatous in nature the question naturally arises in the physician's mind as to the best course to pursue in treating the patient. What had best be done in the interests of the patient? The condition is one in which a masterly inactivity is absolutely contraindicated and a prompt decision as to what is to be done arrived at. To say operate is very simple but the scope of the operation must be worked out. Is the sarcomatous tissue just to be removed or is the entire part affected to be sacrificed to the knife? And after the operation what? Shall we be content with just the operation or shall we go further? It is best that we go further and give our patient every possible chance for complete recovery. The tendency to recurrence in sarcomata is governed a good deal by the class of sarcomata present as shown by microscopical examination. Likewise the malignancy of the tumor. Therefore knowing these facts would it not be unjustifiable not to use every post-operative treatment "to combat the foe"? It is conceded at this time that our best post-operative therapy is the "Coley serum" consisting of a mixture of two bacilli, the bacilliprodigiosum and the bacilli erisipelatus carefully and cautiously administered according to the close directions of the discoverer of this particular method of therapy, Dr. Coley of New York. While the results with it in all kinds and classes of sarcomatous tumors have not been so startlingly brilliant they have been sufficiently good in a number of cases to warrant its use in all of this class

of tumors. In some of the reported cases the result has been only to prolong life whereas in others the result has seemed to be a complete cure. Doctor Coley has collected statistics from every possible source regarding cases of sarcomata treated with this serum and cases that were not and does not hesitate in his statistics to put in the bad cases with the good ones. Not only should every case of sarcomata have the benefit of this kind of therapy carefully and accurately administered, but the doctor in charge of the case should report his results to Doctor Coley that his statistics be increased as to the number of cases reported on, making them of greater importance to the profession to draw conclusions. Any deviation from the Coley method of administration should also be mentioned in the report.

THE ATLANTA COLLEGE OF MEDICINE.

The graduating exercises of the Atlanta College of Medicine took place in the Grand Opera House at eight o'clock, p. m., on April 26th. Diplomas were awarded to sixty-three members of the graduating class. The invocation was pronounced by Rev. C. E. W. Dobbs, and following the report of Dr. W. S. Elkin, the dean, the degrees were conferred by Judge T. P. Westmoreland. Rev. Dunbar H. Ogden delivered an address, and Rev. John E. White pronounced the benediction.

The members of the graduating class are as follows:

B. E. Alsobrook, J. M. Anderson, C. C. Aven, J. S. Beard, C. P. Benson, C. C. Brooks, D. L. Bryson, K. W. Buell, J. C. Chandler, P. H. Coffee, H. M. Cook, I. W. Cummings, J. E. Davis, C. H. Dobbs, H. L. Earl, A. B. Elkin, P. H. Fitzgerald, J. H. Foster, D. W. Freeman, D. L. Garrett, F. S. Glover, G. B. Hack, D. R. Handley, D. A. Haney, C. H. Harvey, C. W. Harvey, E. B. Hatch, L. M. Hawkins, W. H. Hope, P. M. Howard, W. J. Hutchins, S. E. H. Jacobs, J. S. Jacoby, E. A. Johnson, Z. V. Johnston, A. B. Jones, F. G. Jones, J. S. Liebman, W. G. Lowe, H. M. Luning, C. G. McCay, W. R. McCoy, F. R. Mann, W. F. Massey, C. S. Merriam, R. L. Miller, J. C. Millsap, C. A. Neves, C. E. Pattillo, D. S. Porter, G. B. Randall, T. F. Rogers, J. L. Smith, G. F. Spearman, W. F. Tanner, J. H. Terrell, J. G. Thames, J. P. Trotti, J. L. Tyre, F. L. Underwood, B. F. Williams, L. F. Wright.

EDITORIAL NEWS ITEMS.

Dr. E. C. Register, Jr., of Georgetown, S. C., recently received the appointment of first lieutenant on the medical staff of the U. S. A.

The American Medical Editors' Association will hold its annual meeting at the Planter's Hotel, St. Louis, on June 4 and 6, 1910. The president of the association is Dr. W. A. Young of the Canadian Journal of Medicine and Surgery, and the secretary-treasurer is Dr. Joseph MacDonald, Jr., of the American Journal of Surgery of New York City.

The Alabama State Medical Association held a very interesting meeting in Mobile, Ala., April 19-21. The attendance was large, and the programme was a very full one. Among some of the most important papers read were the following:

MEDICAL SECTION.

"Intubation in Laryngeal Diphtheria," Dr. Andrew M. Stovall.

"Acute Endocarditis," Dr. William Wade Harper, Selma.

"Anterior Poliomyelitis," Dr. Daniel T. McCall, Mobile.

"Toxemias of Pregnancy," Dr. Robert Lee Sutton, Orrville.

"Whooping Cough," Dr. Thomas Chilton Thornington, Montgomery.

SURGICAL SECTION.

"Plea for More Thorough Training in the Art of Surgery and the Necessity of Hospital Tutorage," Dr. Arthur W. Ralls, Gadsden.

"Present Status of the Cancer Problem," Dr. William Richard Jackson, Mobile.

"First Aid to the Injured," Dr. W. S. Rountree, Wylam.

"Value of the X-Ray in Diagnosis," Dr. William H. Oates, Mobile.

"Ethyl-Chloride as a General Anæsthetic for Short Operations—Case Reports," Dr. B. S. Lester, Birmingham.

On the second day of the meeting the medical and surgical sections met in joint session, and many valuable papers were presented on that day.

After the conclusion this meeting adjourned to meet with the Alabama Pharmaceutical Association.

The Georgia State Medical Association.

This association met in Athens, Ga., on April the 21st. At noon the convention adjourned and a special train carried the members of the association and many other visitors to Jefferson, Ga., where the monu-

ment to Dr. Crawford W. Long was unveiled. The programme at the unveiling of this magnificent monument was as follows:

The association called to order by the president, Dr. Thomas J. McArthur, Cordele, Ga.

Prayer, Rev. E. S. McGarity.

Address of Welcome on Behalf of Jackson county, Hon. H. W. Bell.

Address of Welcome on Behalf of the Jackson County Medical Society, Dr. W. B. Hardman, Commerce, Ga.

Introduction of the Orators of the Day, Dr. Thomas R. Wright, Augusta, Ga.

Eulogies to Dr. Crawford W. Long, Dr. Woods Hutchinson, Asheville, N. C.; Dr. W. P. Spratling, New York City.

Unveiling of the Crawford W. Long Memorial, Miss Emma Long, daughter of Dr. Crawford W. Long.

Dinner. Tendered to the guests, Dr. L. G. Hardman presiding.

"Before Dr. Long Discovered Anæsthesia," Dr. King P. Moore, Macon, Ga.

"After Dr. Long's Discovery," Dr. Floyd W. McRae, Atlanta, Ga.

"Why we Honor our Illustrious Dead," Dr. Joseph Jacobs, Atlanta, Ga.

"What Future Generations will be Indebted to Dr. Long," Hon. Pleasant A. Stovall, Savannah, Ga.

"Jackson County," Dr. S. Theo. Ross, Winder, Ga.

"Our Guests," Dr. L. C. Allen, Hoschton, Ga.

Song, "Auld Lang Syne."

Benediction, Rev. Gilbert Dobbs, Commerce, Ga.

At three o'clock the convention returned to Athens, and the programme of the association was resumed. There were about three hundred physicians present. The papers were of a very high order and the discussions were numerous and proved exceedingly interesting.

Among some of the important papers read were the following:

"Yestrain and Its Correction," Dr. O. H. Johnson, Athens.

"Report of Cases Treated with Radium Bromide," Dr. T. E. Oertel, Augusta.

"Radium Therapy," Dr. F. G. Hodgson, Atlanta.

"The Use of the Rubber Dam in Gastro-Enterostomy and Intestinal Anastomosis," Dr. George H. Noble, Atlanta.

"Correction of Relapsed and Untreated Talipes Equino Varus by Operation," Dr. Michael Hoke, Atlanta.

"Anæsthesia," Dr. Charles Usher, Savannah.

"Morbid Reflex Neuroses," Dr. W. F. Westmoreland, Atlanta.

"Spending, or Nocturnal Organisms in Women as a Cause of Hysteria," Dr. E. Bates Block, Atlanta.

"Tics in Children and Their Treatment," Dr. Henry C. Whelchel, Douglas.

"Report of Surgical Cases," Dr. R. R. Kime, Atlanta.

"Indigestion Due to Causes Commonly Removable by Surgery," Dr. E. G. Jones, Atlanta.

"Simultaneous Catheterization of the Ureters," Dr. A. L. Fowler, Atlanta.

"The Venereal Problem and Our Duty," Dr. R. H. Stanley, Albany.

"Diphtheria and Its Relation to the Laboratory," Dr. K. R. Collins, Atlanta.

"Some Diagnostic Signs of Mental Diseases and why Commitment Proceedings of the Insane in Georgia Should be Changed," Dr. J. Cheston King, Atlanta.

"The Relation Between General Paresis and Tabes Dorsalis," Dr. Stewart R. Roberts, Atlanta.

"Report of Cases," Dr. St. J. B. Graham, Ellijay.

"Tenotomy with Report of Cases," Dr. Theodore Toepel, Atlanta.

"Hodge Podge," Dr. E. C. Cartledge, Atlanta.

"Report of a Case of Parinauds Conjunctives in a Negro," Dr. William C. Kellog, Augusta.

"What of Stovaine; the New Analgesic?" Dr. Arthur G. Hobbs, Atlanta.

"Vegetarian Diet: Its Effect on the Human Body," Dr. William T. Jones, Atlanta.

"The Tonsils and Portals of Infection," Dr. W. C. Lyle, Augusta.

Dr. Olin West, of Nashville, Tenn., has been appointed by the Rockefeller commission to take charge of the anti-hookworm campaign for the State of Tennessee.

Dr. West graduated from Vanderbilt University in 1898.

The meeting of the Association of Medical Officers of the Army and Navy of the Confederacy, which was held in Mobile, Ala., during the reunion was both an interesting and an enjoyable occasion. There was a great number of physicians present, and the programme was very full, and exceedingly interesting.

Dr. J. A. Estopinal, special medical inspector of the Louisiana State Board of Health, has tendered his resignation, which took effect May 1st. A desire to return to his home in St. Bernard parish and engage in private practice, was given as his reason for resigning. It is not yet known who will succeed Dr. Estopinal.

The graduating exercises of the Medical Department or the University of Alabama were held in the Mobile Theatre, Mobile, Ala., on the evening of April 11th.

The following is a list of the graduating class: James Wiley Thomason, Midway, Ala.; Sidney Davidson Armistead, Campbell, Ala.; Clanton Ray Athey, Grady, Ala.

The exercises were attended by a large and representative audience.

The regular quarterly meeting of the Patrick-Henry Medical Society was held in Martinsville, Va., on April 12th. This society is composed of the physicians of Henry and Patrick counties, Va. There were several very valuable papers read, and the discussions were very interesting.

The summer school of the Medical Department of Tulane University, New Orleans, La., will begin on May 23rd and continue for six weeks in some branches and for eight weeks in other branches. The course will cover practical and research subjects in pathology, chemical medicine and anatomy. It is hoped that the students at Tulane and from other colleges will find the summer work attractive in order that hereafter the courses may be conducted throughout the whole summer.

On account of the resignation of Dr. Rae Parker, first assistant physician at the Eastern State Hospital, Williamsburg, Va., Dr. Davis, second assistant physician, has been appointed to the position of first assistant to succeed Dr. Parker. The vacancy made by Dr. Davis has not yet been filled.

The Executive Committee of the Columbia Hospital, Columbia, S. C., have appointed Dr. Mary R. Baker to the position of pathologist for that institution. Dr. Baker is a graduate of the University of Nashville, Tennessee.

Dr. E. W. Saunders, professor of Diseases of Children at the Washington University, St. Louis, Mo., delivered an address before the members of the Chesterfield Medical Association, Cheraw, S. C., on April the 15th.

Dr. Saunders is an able physician and lecturer, and his address was greatly enjoyed by the members of the association.

Dr. J. LaBruce Ward, of Georgetown, S. C., has been appointed assistant to Dr. C. Fred Williams, State Health Officer, and Secretary of the State Board of Health, for the purpose of handling the hookworm campaign in South Carolina made possible throughout the Southern States by the gift of $1,000,000 from John D. Rockefeller. The campaign will be carried on under the supervision of Dr. Williams.

The Oklahoma Medical News Journal, of Oklahoma City, is publishing a special head-ache number for May. Articles are furnished by the following: Dr. S. Grover Burnett, Neurologist, of Kansas City, Mo.; Dr. W. T. Salmon, Ophthalmologist, of Oklahoma City; Dr. Geo. A. Still of the Original Still School, (Osteopathic) of Kirksville, Mo.; and Dr. Alva A. Gregory, head of the Palmer Gregory Chiropractic College of Oklahoma City.

This is an unusual and interesting issue and will be sent to any address upon the receipt of 25 cents.

Graduating Exercises of the Chattanooga Medical College.

On April 2nd the annual commencement exercises of the Chattanooga Medical College, Chattanooga, Tenn., took place at the Albert Theatre. This was the twenty-first time in the history of that institution that a number of men have gone forth from its halls to engage in the practice of medicine.

The class this year numbered nineteen, as follows:

Lewis Beason, Albert C. Daves, Odie Clarence Doty, Clifford C. Elliott, Daniel O. Haggard, J. Edward Hall, J. Floyd Hager, William J. Hillas, Paris R. Hysinger, Carroll H. Morgan, Carl R. Martin, Luster Clark McCutcheon, J. Montgomery Nixon, Robert B. Smith, J. Hamilton Taylor, R. Dudley Tucker, George Robinette Walker, Watkins Beverly Wansley.

The following programme was beautifully carried out:

Invocation—The Rev. J. C. Massee, D.D.

Introductory—J. R. Rathmell, M. D., Dean.

Music—Selected—Quartet.

Valedictory Address—Dr. William J. Hillas.

Faculty Address—Prof. J. S. B. Woolford. M. D.

Music—"The Good Man"—(R. S. Porter)—Quartet.

Commencement Address—The Hon. H. H. Ingersoll.

Music—Solo—Richard L. Park.

Presentation of First Honor Ochs Prize—L. G. Walker, Esq.

Presentation of Second Honor Ochs Prize—The Hon. T. C. Thompson.

Medical Ethics—P. D. Sims, M. D.

Music—Quartet.

Calling List of Graduates—Prof. A. B. Woolner, M. D.

Conferring Degrees—The Rev. John H. Race, D. D.

Deaths.

Dr. William W. Coleman of Mount Washington, Ky., died at his home, March 30, 1910, aged 56 years. He was a graduate of the Medical Department of the University of Louisville, in 1883, and was a member of the Bullitt County Medical Society and the Kentucky State Medical Association.

Dr. Joseph P. McNutt, of Pranceton, W. Va., died at his home in that city on April the 8th. Death came suddenly, after an attack of acute indigestion.

Dr. McNutt graduated from the Medical College of Virginia in 1870, and since that time he has been practicing his profession in West Virginia where he was well known and highly esteemed.

Dr. C. S. Kerr, of Kerr, N. C., died on March the 6th at his home in Sampson county. He was one of the most prominent men in his section of the county, and enjoyed a large practice.

Dr. Kerr graduated in medicine from the University of Maryland School of Medicine in 1869. He was President of the Sampson County Medical Society in 1909. He joined the State Medical Society in 1904.

Dr. Frederick McGuffey, a very prominent physician of Fairmount, Penn., died at his home in that city on April the 17th.

After his graduation in medicine, from the University of Virginia, Dr. McGuffey lived in St. Louis, Mo., for a while, and then moved to Philadelphia, Pa., and in 1889 he was compelled to leave that place on account of his health. He then moved to Fairmount, where he has lived since that time, and where he has enjoyed a prominent position among the members of the medical profession.

Dr. W. W. Delancey, a former student of the University College of Medicine, Richmond, Va., died on March the 27th, at Phœnix, Arizona. He subsequently graduated from Jefferson Medical College, Philadelphia, and received a hospital appointment in New York City, where he remained until October 1908. He then went to Arizona on account of his bad health.

Dr. Thomas Kenan, a prominent physician of Atlanta, Ga., and a Confederate Veteran, died at his home in that city on April the 10th. Paralysis was the cause of his death.

Dr. Kenan graduated in medicine from the College of Physicians and Surgeons, New York City in 1860.

Review of Southern Medical Literature

Richmond Journal of Practice, Jan., 1910.

Gastric Ulcer.—Dr. C. E. Hoover has employed for local anesthesia orthoform given in seven grain doses, three or four times daily when the stomach is empty. Orthoform can be of service only when the point of irritation which causes pain is accessible from the inner surface of the stomach. The pain which originates from perigastritis, perigastric adhesions and spasm of the stomach wall are, of course, unaffected by orthoform.

When a protective coating to the surface of the ulcer is desired for the alleviation of pain, bismuth subnitrate or bismuth carbonate, in amounts of 30 to 60 grs. suspended in a sufficient amount of water to make a fairly thick mixture, can be given. The patient is directed to occupy either the prone or dorsal position so that the bismuth will be applied to the surface of the ulcer. There is a disadvantage in employing bismuth preparations on account of the dark color it gives the stool, which may thus cause some difficulty in recognizing the presence of blood. A cheaper preparation, and one which does not color the stool, is equal parts of prepared chalk and talcum, one-half to a full teaspoonful is given in about three ounces of water before taking food; when the pain is intense opiates are, of course, administered. Hot applications in the form of turpentine stupes serve to arrest the pain, to keep the patient quiet in one position and probably to retard the muscular activity of the stomach, according to Penzoldt.

Atlanta Journal-Record of Medicine, February, 1910.

Treatment of Pneumonia.—Dr. L. W. Johnson concludes his paper by mentioning several drugs that have gained his confidence, especially in bronchopneumonia in children. That is, frequent doses of oleum ricini, to promote the elimination of the poisons; ice bag to head and tepid sponging, to control fever; applications of mustard plasters, one part to four of flour, every four hours, on congested lungs; carbonate of creosote, every four hours, as antiseptic; camphorated dovers, to control cough and pain, so patient can rest; tincture of stro-

phanthum, to support circulation when necessary.

Organic Therapy.—Dr. R. Westmoreland says, "Life, collectively, is but a series of fermentations." Every function is efficient in proportion to the perfectness of physiolgical activity of its individual and co-efficient proteolyte or enzyme. Commencing with the ingestion of food and terminating with the discharge of waste material by the enunctories, the phenomena of life consist in the vito-chemical activities set in motion by the enzymes. The gastric and intestinal digestion is but a prelude to the more complex and subtle digestion required in metabolism. Derangement in these prefatory processes is quite often the prime cause of disease, especially the intestinal digestion of hydrocarbons, but faulty metabolism, disturbing the sensitive equilibrium between waste and repair in the inner *penetralia* of vital activity is the most prolific source of sickness. It behooves, therefore, the physician to not only acquire all the knowledge possible of the nature and functions of these enzymes, but shelving the worn out theories of *contraries* and *similia*, to devote himself to the more rational course of preventative medicine first, and second, in actual disease, to enzymotic inefficiency and metabolic aberrations.

Gulf States Journal of Medicine and Surgery, February, 1910.

Acute Dilitation of the Stomach.—Dr. J. E. Boyd points out that along with the local signs the general condition of the patient very soon takes a turn for the worse. Usually, unless cautioned about the possibility of this condition in post-operative cases, the nurse first calls you to say your patient's pulse has gone bad. The distention, complaint of pain, and vomiting are all attributed by the nurse, unless she has had previous experience with the disease, to the anæsthetic. The pulse becomes rapid, thready, and of poor quality, the respiration becomes more frequent and shallow, the patient has a pinched, anxious expression, and the whole attitude is one of impending evil. The temperature is usually normal or subnormal. Thirst is intolerable and unquenchable. The patient is very restless. The mind may become delirious or comatose, and, in fact, the evidences of toxæmia are pronounced. The urine is at first scanty and very frequently towards the last is totally suppressed. I am confident that this symptom of anuria has been the rock of many shipwrecked diagnoses, and yet it is an important symptom in the disease. Gastric tetany has been reported in connection with one case. Diarrhoea has been occasionally observed, but as a rule the bowels refuse absolutely to move, and this fact makes one think seriously of obstruction. In straight medical cases I can easily understand how such an error in diagnosis might occur and yet the absence of stercoraceous vomitus, outlining the distended stomach and passage of the stomach tube all offer a settlement of any doubt that arises.

Illusions and Idiosyncrasies in the Treatment of Malaria.—Dr. H. L. Southerland says that there was an illusion very generally indulged in, not only by the laity, but as well by practitioners, when as a young doctor I took up my residence in the Delta in 1873, that the drinking of whiskey in moderation tended to protect from malaria. It goes without saying in this day of enlightenment, that no physician who is not an antediluvian, subscribes to any such fallacy, but there are still a great many men, not of our profession, who believe, or pretend to believe, that whiskey tends to ward off malaria.

There are two potent reasons why we should teach temperance in malarious countries. One is, that there is no such habit as moderate drinking, and the other is, that there is no worse combination of diseases than a whiskey liver and severe estivo-autumnal fever. Whiskey has no power to keep out malaria; on the contrary, it opens the portals for its admission.

The American Practitioner and News, Feb , 1910.

Hookworm Disease.—Dr. J. T. Dunn gives the following on the development of hookworm:

"These parasites do not multiply in the intestine, as their eggs require oxygen in order to develop. It is important to recall that for every hookworm found in the bowels a separate germ (young worm) must enter the body.

"The parasites in the bowels lay hundreds of eggs, which are discharged by the patients in their stools. An ordinary stool from an infected person may contain thousands upon thousands of these eggs. This is an exceedingly important point to remember, for it is only through the discharge from the bowels that these eggs escape from the patients, and if all such discharges are properly disposed of hookworm disease can be stamped out of existence.

"A few hours after the eggs are passed by the patient a young embryo develops in the egg and escapes from the egg shell. This tiny worm which is scarcely visible to the naked eye, feeds for a few days. With-

in a week it sheds its skin twice, in somewhat the same way that a snake sheds its skin. It now continues to live in the cast-off skin, but it takes no more food until it enters a person.

Virginia Medical Semi-Monthly, Feb. 11th, 1910.

Enlarged Prostate.—Dr. G. S. Peterkin says regarding the preservation of the sexual power, by perineal section, through retaining the ejaculatory ducts intact, let us picture a perfect operation, say, of Young's, and that the ejaculatory ducts are left intact. We know that after any prostatectomy, the false capsule collapses or contracts. We know that the ejaculatory ducts are three-fourths of an inch long, running for that distance through the prostatic gland. When this contraction of the capsule takes place, is there any means of preventing the ejaculatory ducts from becoming so tortuous as to close the canal or the fibrous contraction that takes place, from mechanically obliterating their lumen? Who can say it does not? Freyer does not protect them; Goodfellow, who does perineal prostatectomy, does not protect them, and yet both claim that the sexual power is retained; but if the lumen of the ejaculatory ducts is obstructed by either suprapubic or perineal prostatectomy, does obstruction of ducts cause impotency? We know it does not.

Pathology and Treatment of Typhoid Fever.—Dr. L. V. Sherrill believes that upon the slightest indication of intestinal hemorrhage absolute rest in the dorsal position is imperative. The abdomen should be covered with an ice-bag or coil of ice-cold water. All food should be avoided. At most, bits of ice or ice-cold tea in spoonful doses may be allowed. If the hemorrhage is slight, upon its cessation spoonfuls of cold milk or beef tea may be given every two hours. Control intestinal peristalsis at once by opium in heroic doses by mouth, hypodermically or per rectum. This is especially true if the patient is much restless. The direct hemostatics are not trustworthy and often cause the patient to vomit. The subdermal use of ergotin has been given with good results, as also adrenalin chloride. It is not wise to resort to stimulants when the patient becomes feebler. A moderate amount of collapse is favorable to thrombosis of the bleeding vessels, but when there is considerable cardiac weakness following profuse hemorrhage, and collapse has occurred, then resort to vigorous stimulation.

The Southern Clinic.

Hallux Valgus and Bunion.—Dr. G. I. Bauman prefers the following operation:

A slightly curved incision is made over the inner surface of the head of the first metatarsal bone, which latter is freely exposed; after incising and retracting the periosteum enough of the inner surface of the hypertrophied head of the metatarsal is removed to allow the toe to be straightened; the tendon of the extensor proprius pollicis should be divided subcutaneously to help in this; a transplantation of the tendon unnecessarily complicates the operation; if necessary the external ligament of the metatarsophalangeal articulation may also be divided; after smoothing off the edges of bone a small drain is inserted and a large antiseptic dressing applied. The great toe may be held away from the second for two or three days by cotton and bandaging, when, if no sign of infection is present, a plaster dressing may be applied. This should be worn for 10 days when passive motion should be begun and the toe held out with a splint. Usually in two weeks the patient is again at work. The toe should be held in the correct position for several weeks and only the best possible shoes should be worn.

In this way the patient is entirely relieved of his pain and he has a straight, movable and only slightly shortened toe.

Common-sense Gynecology.—Dr. W. H. Willson says about the time a girl enters her teens she begins to primp a little and the corset must be worn to make that attractive gown more fitting and to strengthen that weak back. She is fond of attending pink teas, etc. Her food is nicknacks and delicacies. Her exercise, outside of making her toilet, consists of music and reading, with perhaps an occasional walk.

Thus the general system, in place of being normal, soon shows general complex changes. The liver is enlarged and congested, thus obstructing the return circulation of the pelvic viscera. Furthermore, these structures do not receive a proper blood supply to maintain a healthy condition. Once a month the pelvic organs become physiologically engorged, but this engorgement is increased to a pathological degree owing to back pressure in the circulation. The uterus becomes baggy and heavy; its supports begin to relax. The bowels are loaded with feces and toxins. The sigmoid with its load presses down upon this organ, further weakening its supports. Menstruation is perhaps profuse, painful or irregular, or all three. The usual nervous symptoms are all present.

Virginia Medical Semi-Monthly, Feb. 25th, 1910.

The Result of Late Gonorrhea.—Dr. J. L. Lloyd gives the following:

Gonorrheal salpingitis predisposes to extra-uterine pregnancy.

Ode case of puerperal sepsis in every seven is due to gonorrhea (Findlay).

The risks to the offspring, while not so serious as regards life, are very great as regards vision, and as Morrow puts it "a veritable baptism of virulence causing from ten to thirty per cent. of the blindness in the world."

While the immediate death rate from gonorrhea is small the number of major operations performed for sequelæ, the number of abortions caused by it and the untold number of sterile and one child sterility marriages due to it makes the mortality enormous. J. Taber Johnson writes: "There is little doubt in my mind that, at a conservative estimate, one half million prostitutes are living in houses of ill-fame in our large cities, and I am not sure a million would not be nearer correct; writers on this subject generally estimate as many living lives of easy virtue outside houses of ill-fame. In our country alone we have one and one-half million who have, or are liable to have, gonorrhea with the possible consequences."

The same author further states that it is his belief that gonorrhea is responsible directly and indirectly for as many deaths as tuberculosis, typhoid fever and pneumonia combined.

Home Treatment of Epilepsy as Compared with Institutional Treatment.—Dr. M. Woods believes that in order to secure better conditions for the cure and management of epilepsy till the disease is eliminated from life, as we hope it may be, we make the following suggestion that a Free Epileptic Dispensary for the Poor and a Free Industrial Bureau for the Securing of Suitable Employment for Epileptics, should be established in every city, and where the community might be instructed how to prevent, manage and avoid epilepsy, this as a connecting link, a clearing-house, between the colony, the great institution, the small, home-like sanitarium, and the home, so that each patient might be assigned to the place where he could receive most benefit. Then the great institutions would have no inmates who could be better taken care of at home; homes able to manage their own epileptics would be taught how to avoid imposing on the generosity of the State. The community would thus be relieved of the error of assigning patients to wrong places, and the risk of having dangerous epileptics at large, and the milder cases, under better adapted auspices would attain a maximum of cure.

Gaillard's Southern Medicine, February, 1910.

The Surgical Treatment of Hepatic Ascites.—Dr. W. L. Peple points out that the operation as originally described by Talma and popularized by Morrison and Drummond, consisted in a linear incision near the median line beginning a little below the ensiform cartilage.

Of the various modifications, the one practiced by Narath, from its rational simplicity, seems deserving of especial attention. He makes a small incision, pulls out the omentum and stitches it in the areola tissue just beneath the skin. He then closes the wound around the artificial epiplocele tight enough to avoid hernia and not too tight for constriction. He claims that the collateral circulation is best established through the superficial veins, and states that a very evident enlargement of these veins can be noted within five days. Its advantages are that it can be quickly done under cocaine anesthesia, with little or no shock, either one or both sides of the median line at one or at two sittings. Its disadvantage is the possibility of hernia through the imperfectly closed fascia.

The after-treatment of those cases is comparatively simple. The pelvis drain used by Morrison has been abandoned by most operators. The abdomen is bandaged tightly from chest to hips. The diet is dry with as little fluid as possible. The bowels are kept open with saline laxatives. Usually from one to three subsequent tappings are needed before the collateral circulation is properly established.

The Southern Practitioner, February, 1910.

Some Features of Infantile Enteritis.—Dr. J. H. Bainton says that skimmed milk contains practically no fat, sugar, 5 per cent.; proteid, 3.45 per cent. A mixture of barley water and skimmed milk, in proportion of 4 to 1, contains carbohydrate, 1.5 per cent., and proteids, 0.7 per cent. With such a food, scarcely any fat being present to interfere, gastric digestion may gain its full activity and cause nearly a complete change of proteid to peptone. Only one step remains for the action of intestinal ferments, a change from peptone to amino acids, and the end products of proteid digestion is obtained. Having reached this final stage early, there is more time for absorption within the small intestine, and this absorption is probably completed before the proteids arrive at the ileo-cecal valve. By this means the large intestine is cheated of

proteid or intermediate products and putrefaction is impossible.

The fact is fully appreciated that, although we have eliminated one source of fermentation in the small intestine, the fats—the addition of skimmed milk means the addition of lactose, which also is fermentable in the same part of the bowel. The increase of lactose, however, while actually greater, is relatively less than the increase of proteid. When proteid has reached the normal standard, lactose is still three or four points below the required six or seven per cent. Further, barley water alone had been administered previously, and while some sugar must have been formed from the starch, improvement in the symptoms had continued. Incidentally, it appears that there is less liability to fermentation of sugars when fat is absent. Our experience seems to prove that, while a larger quantity of lactose might be dangerous, the amount present in skimmed milk is harmless, and it is unnecessary to make needless sacrifices of the food's strength by excluding it.

New Orleans Medical and Surgical Journal, February, 1910.

Pellagra Contracted from Domestic Animals.—Dr. J. R. Rushing says that the disease in question runs a much more acute course in the dog than in the human. We observe that the dog begins with bowel symptoms, diarrhea, which may last for several days; he has a mange and sores over his body, equivalent to the skin eruption in a person; salivation; slobbering a ropy mucus is an exceedingly prominent symptom in the dog; he cannot spit as would a person; therefore it runs from his mouth. His mouth and throat become very sore, and as this is the most commonly observed by the laity, the disease is usually spoken of as "sore mouth." The dog has no appetite, refuses to eat, and when in the final stage exhibits mental symptoms; does not know his master; will not take notice of scarcely anything; while in a delirious condition is often shot, as he is thought to have gone mad. This disease in the dog is very fatal and without remedy.

The Texas Medical Journal, February, 1910.

A Brief Discussion of the Economic Importance of the Most Common Adult Cestodes of Man in the United States.—By Dr. C. H. Pfender, Washington, D. C.

The Alabama Medical Journal, February, 1910.

Medical Treatment of Dysentery.—Dr. J. M. Lowrey thus describes the method of giving injections. Here it pays to "make haste slowly." The rectum is extremely irritable, and in some cases our efforts to introduce the tube meet with an angry resistance, immediate and pronounced. In such cases it is well to inject with a long-nozzled, hard rubber syringe, a small amount of a 4 per cent. solution of cocaine hydrochloride, or to insert a suppository, preferably of the Burroughs-Wellcome self-retaining shape, containing cocaine or iodoform. After waiting a few minutes we may make another attempt to introduce the slightly warmed and well lubricated rectal tube, proceeding very slowly. The tube should be introduced well through the internal sphincter, and the liquid allowed to flow in gently. The elevation of our fountain syringe should be only a few inches, if this will suffice, but in no case more than two or three feet. Hare speaks of "sneaking" in the injection, and the term is very *apropos*. The patient is lying on his left side with the buttocks well elevated; he maintains this position for five minutes, then turns on his back for a like period, the liquid filling the transverse colon, and finally turns on his right side for another period of five minutes, to allow the liquid to pass on to the ascending colon, thus reaching up to the ileocecal valve. From two to six pints should be introduced, stopping the injection, or abandoning it altogether, if pain is caused. By pain we do not mean mere discomfort, for an injection of this size into the normal bowel will cause more or less discomfort, and this may be disregarded. After the full amount of the injection has been introduced the tube is very slowly and gently withdrawn, the patient's hips carefully lowered, and he attempts to hold the injected liquid as long as possible. If he cannot retain it, the bedpan is placed for its reception, and in this way the syphon-like action of the large intestine, which will rapidly empty the whole lower bowel if the sitting posture is assumed, will be avoided; part of the injection, at least, will be retained for some time, and the irritation caused by the violent expulsion of the entire amount obviated.

Catgut or Non-Absorbable Suture Material.—Madlener (Centralbl. f. Chir.) says that non-absorbable suture material, aseptic or impregnated with antiseptics, gives better results than absorbable material, if it is of sufficiently small caliber. The writer is impressed with the superiority of Rami thread over silk, and prefers it for all suture purposes except in operations for prolapsus uteri or vesicovaginal fistula, or in supra-pubic cystotomy, that is to say, in cases in

which there is risk of the thread acting as a nucleus for a foreign body or where its removal cannot be easily effected. The author employs No. 0 Rami fibre for intestinal sutures, No. 1 for almost all ligatures, and No. 2 for ordinary stitches. The writer has used this material exclusively during two and one-half years in 757 operations, including 68 for goitre, 124 for inguinal hernia, and 202 laparotomies. In the hernia operations, in which the Bassini method was almost entirely employed, the sac was always tied with two threads of No. 2, and the deep muscles united to Poupart's ligament with four stitches. With the exception of two fatal cases, only one failed to heal by primary union. Suppuration occurred in only three of the sixty-eight goitre operations. In the author's opinion the chemotactic effect of catgut prolongs secretion from the wound.

Nerve Injuries.—Sherren (British Medical Journal) has found that cases of involvement of nerve branches in scar tissue are often overlooked or treated by massage and various lotions until serious damage has resulted, and prolonged and perhaps permanent disablement is caused. It rarely happens now that symptoms due to nerve involvement follow a major amputation, for it has become one of the recognized steps of the operation to pull down and cut short the nerve trunks. This is often neglected in amputations of the fingers. During the last two years he has seen eleven workmen who were incapacitated from this cause, and has operated upon six, all of whom were able to return to work within a short time. When pain and tenderness develop, treatment should not be delayed. Operation should be carried out with a definite object in view—to find and cut short the involved nerve. Reamputation should not be done in a haphazard way. Sometimes it is possible to feel swellings on the ends of the involved nerves. This may be a help in finding them. In most cases it is best to turn back the old flaps and search for the nerves at the end of the bone. If they cannot be found here, they should be found at the sides of the fingers, traced to their involvement, and cut short. It is only necessary to remove bone when the flaps will not come together again without tension. After closure of the wound the part should be kept at rest until healing has taken place. In few cases will this fail to relieve the pain. If the pain is not relieved, or recurs, no further local operation should be done if the first was thorough. Before proceeding to the only certain treatment in these cases —division of posterior roots—Weir Mitchell treatment must be tried after removal of all cause for worry.

Hay Fever.

With the advent of spring and summer and the seasonal growth of all forms of vegetation, the troubles of those afflicted with hay fever, rose colds, etc., usually begin. For the average person a change of climate or living place is often not only inconvenient but very frequently absolutely impossible. As a consequence the physician is daily called upon to give as much relief as possible, if nothing more to these sufferers. Among the prescriptions that have been found of real palliative value, the following probably gives more genuine satisfaction than any that can be employed:

℞	Ext. Suprarenal Gland	gr. xx
	Glycerini	oz. 1
	Pond's Extract	oz 1
	Aq. destil	q sad oz. iv

M. et Sig: Apply with coarse spray or on pledgets of cotton.

As a matter of fact, if this formula is used for several days before an expected attack it is often possible to carry a patient through an entire season without the customary seizure. The Pond's Extract is a most valuable addition to the prescription, for its mild tonic astringency goes far towards increasing the resistance of the nasal mucous membrane. A very valuable feature of this prescription is that, unlike countless others, it can be used continuously over a long period without losing its efficiency.

Reduction of Shoulder Dislocations.

The author has for the last twenty years successfully reduced all his cases of shoulder luxation by the use of a modification of Kocher's well-known method. The latter procedure is carried out in four steps: 1. Flex the forearm to a right angle, with the elbow pressed against the side of the body. 2. Carry the hand outward, causing external rotation of the humeral head. 3. Maintaining the hand in this position, move the elbow forward, inward and upward. 4. Carry the hand rapidly toward the sound shoulder. The author dispenses entirely with the fourth step, stating that if proper gentleness and deliberation be used, the head of the humerus returns to its normal position in the glenoid cavity while the third movement is being performed This movement should be carried out slowly, and brought to a stop at the point when maximal resistance is offered. After a moment's delay a slight jolt is felt, which signifies that the head of the humerus has re-entered the glenoid fossa. An essential part of the procedure consists in manipulating gently, in order to avoid causing pain and consequent firm contraction of the muscles gov-

erning the joint. The patient should preferably be kept ignorant of the fact that reduction is about to be performed, voluntary resistance being thereby eliminated. It is of interest to note that purposeful dislocation of an opponent's shoulder according to the Japanese system of self-defence (jiujitsu) is produced by forcing the arm to execute movements the reverse of the first three steps of Kocher's method. The fourth movement has no place in the procedure, and is thus again shown to be unessential. —Gallois, Bulletin medical.

Collargol in Septicaemia.

The author gives a critical review of the results obtained with collargol in 45 cases treated at Professor Amann's clinic in Munich. A large variety of septic conditions was represented in the series. Of the four modes of administration—by inunction, per rectum, intravenously and per os—the author recommends only the gradual intravenous injection of 1 or 2 cubic centimeters of 5 to 10 per cent. suspensions. The remedy proved valuable in cases of septicæmia and pyæmia of medium gravity, as well as in obstinate febrile states due to reabsorption of toxins and associated with anæmia. In cases where in spite of local treatment and apparent limitation of the infective process persistent high temperature and pulse indicated the presence of a deep-seated involvement of the tissues and increasing toxæmia, the reaction produced by this agent was particularly prompt and marked. The author believes that collargol should be administered in all cases of puerperal infection, both on account of the impossibility of gauging the gravity of the infection at the outset and because of the prompt reduction of temperature and general improvement which the remedy brings about. In very severe bacteriæmic conditions, septic peritonitis, exudative parametritis and virulent localized suppurations, collargol did not prove of value. It is beneficial, however, when used locally in acute cystitis and pyelitis, and has been shown to be entirely innocuous. It cannot be said to exert any antibacterial action, and its leucocytogenetic properties are questionable. The author believes that it acts as a catalytic, accelerating oxidation and thereby mitigating toxic effects. It is readily absorbed.—Albrecht, Munchener med. Wochenschr.

Potassium Permanganate as a Cauterizing Agent.

The author has employed powdered permanganate of potassium as a caustic in dealing with various kinds of cutaneous outgrowths and ulcerations, including benign and malignant neoplasms, lupus, keloids, chancroids, cavernous angiomata, etc. The healthy skin surrounding the tumor or ulcer is protected by a series of about fifteen rings of ordinary adhesive plaster piled one over the other, the central opening in each having first been cut out slightly larger than, though corresponding in shape with, the area to be cauterized. The powdered permanganate is poured into the central depression thus formed, and a covering layer of unperforated adhesive applied. At the expiration of 48 hours, the growth will be found to have disappeared, a softened mass alone remaining, upon removing which a crater-like depression lined with blackish masses of manganese dioxide is seen. The surrounding narrow border of healthy tissue previously left uncovered by adhesive is also eaten away, and the margins of the depression are sharply defined. No inflammatory areola will be present. The procedure is usually painless. The area undergoes rapid healing, and the resulting scar is soft and shows no tendency to hypertrophic changes. This form of cauterization, the author claims, gives results substantially equal to those obtained by excision, with the added advantage of freedom from hæmorrhage. The author has also used powdered permanganate in the treatment of tuberculous sinuses. He introduces a small tube into the channel and pours in the powder as the tube is being withdrawn. This procedure is sometimes quite painful, though the pain generally disappears in an hour. Permanent cure was obtained in 10 per cent. of cases of this type. The method is contraindicated in recent sinuses with much discharge, sinuses in close relation to vessels or nerves, and sinuses leading from migratory abscesses due to spinal caries.—Fink, Munchener medizinische Wochenschrift.

The X-Ray in Rodent Ulcer.

Rodent ulcers readily respond to X-ray treatment. They quickly scab over, the scabs drop off, and the ulcer heals up. If the applications are continued at somewhat long intervals for a considerable time after the growth has apparently been cured the result is permanent, but if treatment is stopped as soon as healing appears to have taken place there is sometimes a recurrence. For some reason or other it appears to be very difficult to get the ulcer to heal up a second time with the X-rays. In such cases, if the ulcer be small, healing may be promoted more readily by the application of radium.—James Metcalfe in the British Medical Journal.

Book Notices.

The Elements of the Science of Nutrition. By Graham Lusk, Ph.D., Sc.D., F.R.S., (Edin.) Professor of Physiology at the Cornell University Medical College, New York City. Second Edition. Revised and Enlarged. Philadelphia and London: W. B. Saunders Company, 1909.

This volume differs mostly from Vol. I in containing facts which have been brought to light during the past three years. There is no doubt but that the widespread interest in the subject of nutrition at the present time, will make this book of great value to the student of dietetics and to the clinical physician.

The book is neatly bound in cloth, and contains 402 pages of carefully indexed reading matter. It gives us pleasure to recommend this volume to the dieteticians, as well as to the medical profession. Price, $3.00 net.

Modern Surgery. General and Operative. By John Chalmers Da Costa, M.D., Professor of Surgery and Clinical Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia General Hospital; Consulting Surgeon to St. Joseph's Hospital, Philadelphia; Fellow of the American Surgical Association; Member of the American Philosophical Society; Member De LaSociete International De Chirurgie; Member of the Medical Reserve Corps, U. S. A. Sixth Edition. Thoroughly Revised and Enlarged, with 966 illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company, 1910.

The fact that the sixth edition of this book has been called for within less time than three years after the publication of the fifth edition will, to a certain extent, give an idea of its value to the medical profession. On account of the great progress that is being made in surgery the author has found it necessary to revise, and add to every section of this book. This volume now appears to be complete and up-to-date in every respect. The illustrations, it seems, could hardly be surpassed, and we take pleasure in recommending this book to the medical profession.

This volume contains 1502 pages of carefully indexed reading matter, which is of great value and interest. Price, cloth, $5.50, net; half morocco, $7.00, net.

A Text-Book of Practical Gynecology for Practitioners and Students. By D. Tod Gilliam, M.D., Emeritus Professor of Gynecology in Starling-Ohio Medical College; Gynecologist to St. Anthony and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc. Third Revised Edition. Illustrated with 250 Engravings, a Colored Frontispiece, and 13 full-page Half-Tone Plates. Philadelphia: F. A. Davis Company, Publishers. 1908.

A third edition of Practical Gynecology following so closely on the second edition gives little opportunity for extensive changes in the text. At any rate, many sections of this book have been altered, and some almost entirely rewritten. The most extensive changes have been made under the heads of drainage and septic peritonitis, where the most recent established facts and methods in relation thereto have been embodied. A great effort has been made on the part of the author to make the subject of gynecology plain and practical for the student and practitioner.

It is with pleasure that we recommend this volume to the student of medicine and the medical practitioner. It contains 642 pages of well indexed reading matter, and the illustrations are of a very high type and seem to be properly fitted in their respective positions.

Modern Medicine. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in The University of Pennsylvania, Philadelphia, and of the Institutes of Medicine in McGill University, Montreal, Canada, Assisted by Thomas McCrae, M. D., Associate Professor of Medicine and Clinical Therapeutics in the Johns Hopkins University, Baltimore; Fellow of the Royal College of Physicians, London. Volume VI, Diseases of Obscure Causation, Diseases of the Muscles, Vasomotor and Trophic Disorders, Life Insurance. Illustrated. Philadelphia and New York: Lea & Febiger, 1909.

The Contributors to this volume are as follows: Thomas R. Brown, M. D.; George Dock, M. D.; Charles P. Emerson, M. D.; Archibald F. Garrod, M. D., F. R. C. P.; Charles Lyman Greene, M. D.; James Herrick, M. D.; Warfield T. Longcope, M. D.; Daniel S. McCarthy, M. D.; John McCrae, M. D., F. R. C. P.; Thomas McCrae, M. D., F. R. C. P.; William Osler, M. D., F. R. S.; Walter R. Steiner, M. D.; Hugh Hampton Young, M. D.

This volume like all the others by these

authors, is very complete, and contains an immense amount of valuable reading matter. The illustrations are of an extraordinary type, and the form of the book seems to be very complete. It contains 799 pages of carefully indexed reading matter, and it is with pleasure that we recommend this volume to the medical profession.

Anatomy and Physiology for Nurses. By LeRoy Lewis, M.D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. Second Edition, Revised and Enlarged. Philadelphia and London: W. B. Saunders Company. 1910.

The entire text of this book has been thoroughly revised, and considerable new matter has been incorporated throughout the book, and a number of additional illustrations have been inserted. This book is particularly adapted to the needs of students and practitioners of nursing, and it gives us pleasure to recommend it to the profession. It contains 344 pages of reading matter, with appropriate illustrations.

The Sexual Life of Woman in its Physiological, Pathological and Hygienic Aspects. By E. Heinrich Kisch, M.D., Professor of the German Medical Faculty of the University of Prague; Physician to the Hospital and Spa of Marienbad; Member of the Board of Health, etc. Only authorized translation into the English language from the German, by M. Eden Paul, M.D. With 97 illustrations in the Text. New York: Rebman Company, 1123 Broadway.

In this book the sexual life of woman has been considered both in relation to the female genital organs, and in relation to the feminine organism as a whole; in relation both to the physical and to the mental development of the individual; and in relation alike to the state of health and to the processes of disease. Thus from the standpoint of clinical investigation and of practical experience, the book is a contribution towards the solution of the sexual problem, which is now recognized as one of supreme importance. Much attention has been devoted to the question of education and personal hygiene, both of which are greatly influenced by the processes of the sexual life.

This book is neatly bound and contains 686 pages of very valuable reading matter, which is carefully indexed. It gives us pleasure to recommend this book to the general practitioner. Price, $5.00.

Saunders' Question-Compends. No. 1. Essentials of Physiology Prepared Especially for Students of Medicine By Sidney P. Budgett, M. D., Formerly Professor of Physiology in the Medical Department of Washington University, St. Louis. Third Edition, Thoroughly Revised by Haven Emerson, A. M., M. D., Demonstrator of Physiology in Columbia University (College of Physicians and Surgeons), New York. Arranged with Questions Following each Chapter. Illustrated. Philadelphia and London: W. B. Saunders Company, 1909.

These abbreviated lecture notes are intended for the use of students in conjunction with a text-book, and not as a substitute for a larger work. Consequently, no attempt has been made to fully illustrate this book. The questions introduced at the end of each chapter are not exhaustive, but may, if carefully considered, be found useful as an aid to thinking over what has been read.

The present revision has given an opportunity to add to the original text such matters as are now studied in the laboratory courses in physiology in the leading medical schools.

We recommend the book to students of medicine with great pleasure. Price $1.00 net.

Transactions of the Medical Society of the State of North Carolina. Fifty-sixth Annual Meeting held at Asheville, N. C., June 15, 16 and 17, 1909. President, Dr. J. F. Highsmith, Fayetteville, N. C.; Secretary, Dr. David A. Stanton, High Point, N. C. Raleigh: Edwards & Broughton Printing Company, 1909.

This volume like all the others of the Transactions of the North Carolina Medical Society, is very complete in its arrangement, and of very great value to the profession. It cotains the articles read by the members of the association before the fifty-sixth annual meeting by the society, and also the discussions and business transactions of the meeting. These articles are, on the whole, very interesting and instructive.

The book is neatly bound, carefully indexed, and contains 742 pages of reading matter.

Practical Handbook of Medical Electricity, By Herbert McIntosh, A. M., M. D.. Member of Amer. Med. Assoc., Fellow of the Mass. Med. Society, Fellow of the New England Assoc. for Physical Thera., Member of Amer. Electro Thera. Asso. Cloth, 510 pp. $3 net. Therapeutic Pub. Co., Boston, Mass.

We made a preliminary announcement of this book in December last. A close study of the book leads us to make the following observations:

First, the book is not as simple for the

beginner as we at first thought it was. In the department of physics a great deal is taken for granted, which the physician must know or must learn elsewhere. For example, the operation known as phoresis is employed in many of the treatments given in the therapeutic part of the book. In no place in the book do we find adequate discussion of the process of phoresis, such as would enable any one not learning it elsewhere to apply it. Beginning on page 45, there is given a discussion of the principles upon which phoresis is founded, but accurate directions for the application are not given anywhere in the book. So with some other of the physical processes, the doctor must supplement this book with some other one. Still, with these minor defects we regard the book as the best one published for the work of the general practitioner. In the therapeutic department diseases are taken up and very clear, decided statements are made as to the best treatment. In future editions of the work we would recommend that the chapters upon radium, physiology of light and methods of application of light be omitted and the space taken up with more specific descriptive directions for applying medical electricity in its various forms.

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High Frequency Electric Currents in Medicine and Dentistry: Their Nature, Actions and Simplied Uses in External Treatments. By S. H. Monell, M. D. Finely Illustrated with special instruction plates. 8vo., 448 pages, extra cloth, price $4.00 net. Published by William R. Jenkins Co., 851-853 Sixth Avenue, New York.

The appearance of a new work from the pen of Dr. Monell is always an event of peculiar interest. Probably twelve years ago, at a time when the tide of enthusiasm on behalf of the X-ray, of electro-therapy and, in natural sequence, of all the other physical therapeutic agents, was sweeping everything before it, much to the detriment of rational therapy and to the discredit of the optimists who were overdoing and, therefore, misusing a good thing, Dr. Monell gave to the profession his large "Pictorial System," as a book of instruction for the many who were called without being chosen. With all its shortcomings as a hurriedly compiled, badly systematized and rather superficial book, it did fill a distinct want and served its purpose in a a creditable way. It helped to clear the thickets and weed out the underbrush. Whatever merit there might be in pioneer work, in this particular direction it belongs to Dr. Monell. In the book under review both the subject and the author appear to good advantage. Monell writes entertainingly and, being an optimist therapeutically speaking, with a degree of convincing warmth. A strictly scientific reader will of course notice the author's tendency to expand horizontally rather than elaborate *de profundis*. It canot be denied, however, that Monell since his first effort has become more systematic in the synthesis of the treatment of his subject somewhat more methodical in his analysis. This is more especially noticeable in the strictly therapeutic part of the work, barring a leaning toward optimistic hyperbole or superlativism, may be accepted as a fair statement of the subject. The chapter on "Fulguration" might have been omitted. In a general way, this book will do the subject of electro-therapy more good than several other books which have recently been published on "High Frequency Currents" by Eastern electro-therapeutists. It will appeal to the general practitioner who shrinks from the ultra-scientific and academic style of most books on electro-therapy. In some instances the learned volubility of the author is in inverse ratio to the actual amount of information conveyed. This does not apply to Monell's book. Here the rhetorical effusiveness is distinctly of the decorative variety and makes the book pleasing and readable.

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Lippincott's for May.

So keen is the call of the out-of-doors these days that only fiction of the most engaging sort can command attention. It is safe to say, however, that the May Lippincott's will not go unread.

The novelette—complete of course—is "The Glowworm," by Will Levington Comfort, whose new novel, "Routledge Rides Alone," is keeping the booksellers busy supplying the demand for it. "The Glowworm" is also full of adventure and swift action. The heroine is a newspaper woman, who goes to a small but turbulent island in the Caribbean in pursuit of a man who has been denounced as a defaulter. There is a strong love interest, and the characters are clearly drawn and very human. "The Glowworm" will enhance this author's growing reputation.

"The Bed of Justice," by Mary Imlay Taylor, is a short story of unusual charm. "Gran'ma," by Luellen Teters Bussenius, relates a Decoration Day incident. Policeman Flynn and the Tame Bear," by Elliott Flower, is funny. "The Heiress and the Orphan," by Augusta Kortecht, is subtle and quaintly humorous. "The Balloon Terra-Contra," is unique and interesting.

Of offerings other than fictional, Joseph

M. Roger's article on "What is Wrong with Our Public Schools," is perhaps the most noteworthy. This, the fifth of a series of six, is entitled "The Cost of Improvement," and in it the author points out how our public schools can be placed on the plane they should occupy at a cost by no means prohibitive, or even excessive. Colonel Willard French contributes a brief but convincing article on "A Postal Savings Bank." Then there are "The International Pest of Anti-Militarism," by George Allan England; "May," by Thomas L. Mason; "Medicinal Literature," by Ellis O. Jones; "The Day of the Poor," by Edwin L. Sabin, and "Hope Takes Another Spring," by Phil Collom.

There is also some excellent poetry in the number, including some very striking verses entitled "To Sir Ernest H. Shackelton," by "H. M. G." Then there are the usual sixteen pages of new jokes, jingles, and anecdotes, familiarly known as "Walnuts and Wine."

Abstracts of the Leading articles of the month.

Chronic Diarrhea.—Schmidt (Mediz. Klinik.) deals with the pathogenesis and treatment of forms of chronic diarrhea with watery stools. It may be stated that, in spite of the prevalent opinion that increased peristalsis is the essential cause of diarrhea, the increased peristalsis cannot in itself be the sole cause. There is the possibility that increased peristalsis may injure the power of absorption, and thus cause diarrhea. Systematic examination of the feces has, however, shown that a considerable diminution of absorption is, as a rule, only present in affections of the small intestine, and is made obvious by the appearance in the stools of remains of easily digestible food, while in diarrheic stools such food materials are surprisingly seldom present. There are, of course, small intestine diarrheas, but in these the recognizable food material is shown by analysis to be usually not the result but the accompaniment or even the cause of the diarrhea. It may be suggested that the food which has not been absorbed is decomposed by bacterial action, and so escapes observation, while yet setting up intestinal irritation. That such irritation is, at any rate, not invariable is shown, amongst other instances, by cases of absence of bile, or of tuberculosis of the mesenteric lymph glands in which there is an increase of the fat contents of the stool, but in which there may be no diarrhea even after weeks of persistence of the condition, while diminished absorption may possibly —it need not necessarily—give rise to decomposition, and secondarily diarrhea.

The tendency to offensiveness, with fluidity of the stools, is the most constant and typical mark of diarrhea. This striking tendency to offensiveness is due especially to the readiness with which the fluid ground substance of the diarrheic stools decomposes. The fluid is not water, but is an albuminous fluid, extraordinarily liable to decomposition; under certain circumstances it draws into the decomposition process the unabsorbed remains of food. Whether the fluid is an intestinal secretion or is a transudate or exudate, it is the cause of the increased peristalsis. Such a conception of the causation of diarrhea obviously increases the importance, in treatment, of intestinal disinfectants, rather than of opiates or astringents.

The author has studied the question of disinfection of the intestinal tract both experimentally and clinically, and of all the substances he has examined he has found hydrogen peroxide to be the most effective and least harmful. Petri's experiments in Schmidt's laboratory have demonstrated that hydrogen peroxide leads to a decrease in the acidity of the stomach contents, apparently caused by an increased secretion of alkaline fluid by the epithelial cells. Similarly, in the intestine, Schmidt holds that hydrogen peroxide causes an increase of the natural secretion and not irritation, the doses used being indeed much too small to cause irritation. The difficulty in the administration of hydrogen peroxide is that of giving it in such form that it does not lose its O_2 before it passes out of the stomach and reaches the intestine. The best way of avoiding this Schmidt finds to be to give it in combination with pure agar-agar, which takes up from 10 to 12 per cent. of H_2O_2, and only gradually gives up its oxygen. Clinically he has found that H_2O_2 thus given is effectual in those forms of diarrhea which take origin high up in the intestinal tract, but is ineffectual in diarrhea due to intestinal tuberculosis and affections of the large intestine. Further investigation of the subject is required.—British Medical Journal.

Surgical Treatment of Benign Affections of the Stomach.—Busch (Archiv. fur klinische Chirurgie) after an analysis of 124 cases of benign stomach affections in Korte's clinic, including pyloric stenosis, ulcer, hour-glass constriction, duodenal ulcer, angulation of the pylorus, and perigastritis, states the following principles:

For stenosis resulting from ulcer, also for ulcer which has for a long time resisted in-

ternal treatment, the method of choice is posterior gastroenterostomy accomplished by means of a double circular row of sutures. Especially in open ulcer it is important to carry out treatment for several weeks after operation by means of antacid medication, lavage, and careful selection of the diet. Resection comes into consideration as soon as it is believed that malignant change has begun in a benign tumor of the stomach, also when an ulcer becomes calloused. Resection should be carried out after the circular method of Riedel. The individual condition of each patient must, however, be considered in deciding between so radical an operation as resection and the less dangerous operation of gastroenterostomy. Nervous gastric affections should not be operated upon. There are cases, however, in which an exploratory laparotomy is necessary in order to determine whether or not an ulcer is present.

Sterilization of Rubber Gloves.—Braun (Beitrage zur klinischen Chirurgie) says, for carrying out the researches six kinds of bacteria were used, viz.: Prodigiosus, staphylococcus albus, streptococcus, pyocyaneus, subtilis, and mesentericus vulgatus, the last two of which are spore-formers. Frequently, instead of bacteria, fresh staphylococcus pus was used. The bacteria and pus were dried upon glass pearls and several of these placed inside the finger-tips of each glove. Control cultures were made from some of the pearls. Several times the inside of the gloves was smeared with culture fluid or pus. Each glove was wrapped in a piece of gauze and placed in a Lautenschlager bandage sterilizer. The sterilizer was then wrapped in a woolen cloth and placed in an autoclave at 100° C. and sterilized for varying lengths of time. In order to show the influence of various kinds of packing, the gloves were sometimes laid flat, sometimes folded, at times laid loosely, at others tightly packed. All the gloves were powdered inside with talcum. A number of the rubber gloves were drawn over cotton gloves and the infected pearls placed in the finger-tips between the rubber and the cotton. After sterilization the glass pearls were placed in bouillon, or in case pus had been used the finger-tips were cut off and placed in bouillon, and the tubes placed in the incubator. The tubes were kept for five to eight days, and then suspected cultures were plated and microscopic preparations made from them.

After sterilization for one-half hour the gloves were not sterile even when loosely packed, not folded, and with cotton gloves inside. Even the vegetative forms of bacteria were not killed. After three-quarters of an hour sterilization was not perfect, although the majority were sterile. The germs which survived were almost always the spore-formers. In the only instance in which vegetative forms resisted the sterilization the gloves had been folded and the cotton gloves had not been used. After an hour's sterilization the gloves were absolutely sterile even when closely packed, folded, and without the insertion of cotton gloves. It is recommended that rubber gloves be exposed to steam for at least an hour, that they be laid flat, loosely packed, each glove wrapped in gauze, powdered with talcum, and cotton gloves placed inside.

The Sensibility of the Abdominal Organs.—Wilms (Deutsche Zeitschrift fur Chirurgie) believes that, contrary to the opinion of Lennander, which is accepted by Muller and Goldscheider, sensory nerves are present in the mesentery. He agrees with Lennander that there are no sensory nerves in the intestine. The sensory nerves of the mesentery extend for a varying distance toward the intestine, in many persons extending to within two to three centimeters and approaching close in the region of the blood-vessels. Opposed to the opinion of Lennander and Muller the author has found it easy to demonstrate that in relatively moderate fullness or distention of the intestine a stretching and tearing of the mesentery occurs, for every incision made in the mesentery parallel to the intestinal canal becomes widened into a circular opening as soon as distention of the intestinal canal occurs. This stretching of the mesentery and of its nerves is the cause of the colicky pain which occurs in intestinal obstruction.

Studies in the Concentration of the Blood in Infancy.—Reiss (Jahrb. fur Kinderhk.) says that the determination of the concentration was made by means of the refractometer. Blood was obtained by a small incision in the big toe. Two small U-shaped tubes were filled with blood, then centrifugalized, and the serum examined with the refractometer. To obtain uniform results, the blood was always taken three hours after a feeding. Examinations were made every day or every other day and the body weight determined at the same time.

From the index of refraction, the albumin content of the blood could be approximately determined. This is not the same as the osmotic concentration, which is kept constant by a proportionate increase or decrease of water and soda salts, whereas the relative albumin content varies. The determination of the blood concentration by the refractometer is therefore of much greater value than that of the freezing point as determined by cryoscopy. The normal con-

centration in infants was found to vary between 5.6 and 6.6 per cent. The concentration in older children and adults varies between 7.5 and 9 per cent. This increased concentration takes place between six and ten months of life.

The simultaneous study of the body weight and blood concentration showed the following results:

1. Body weight and concentration at constant levels. This is found in normal adults.

2. Increase in body-weight with unchanged blood concentration is the normal condition in a growing child.

3. Proportionate increase in body-weight and concentration is present in convalescence from exhausting diseases.

4. Proportionate decreases in body-weight and concentration is seen in cachexia, tuberculosis, and cancer.

6. Increase in body-weight, decrease in concentration means the retention of water in the body, and is seen in compensation of cardiac and renal diseases.

6. Decrease in weight, increase in concentration is the converse of 5, and indicates the loss of water.

7. Decrease in weight, unchanged concentration is present in the early stages of a diminishing edema. The edematous tissues here supply the water withdrawn from the blood.

8. Constant weight, decrease of concentration is due to simultaneous loss of tissues and retention of water. It is a condition present in severe cachexia.

9. Constant weight, increase of concentration is the converse of 8. There is a decrease in water, but the body-weight remains the same as a result of an increased tissue production.

The Cataphoretic Treatment of Carbuncle.—Leduc (The British Medical Journal) testifies to the efficacious action of the zinc iron in the treatment of boils and carbuncles. The author has treated five cases of extremely painful carbuncle in this manner, the treatment being followed in each case by the rapid disappearance of the ulcer. After applying the negative pole to the calf by means of several thicknesses of absorbent material, saturated in warm salt water and rolled around the leg, he punctured the base of the carbuncle in the neck with a tenotome, and pushed into the puncture a zinc needle in connection with the positive pole. The intensity was gradually raised, the patients being able easily to support 30 milliamperes, and this current was passed for half an hour. The pain began immediately to diminish, and had disappeared, together with the inflammation, in every case after the following day. Two of these five patients had also suffered from boils of the neck for several years previously. In treating these, he covered the nape with a compress of several thicknesses of absorbent tissue, saturated in a warm solution of zinc sulphate. This was placed in communication with the positive pole, and a current of 20 milliamperes was passed for thirty minutes. The little boils disappeared by the following day, and in neither case was the patient again troubled with the swellings.

The Epidemic of Anterior Polemyelitis in Westphalia.—Krause, (Deutsch. med. Woch.) as the result of a careful study of over 400 cases, comes to the following conclusion: acute poleomyelitis is an infectious disease, as proved by its epidemic character, its occurrence among members of the same family, and by the fact that it is spread by personal contact. It occurs mainly in the second year of life, during the warm weather, and in congested districts. The portal of entry is not known. However, in 90 per cent. of the cases gastrointestinal symptoms preceded the attack, and in all of the eight autopsies performed, catarrhal changes in the small and large intestine were found, also enlargement of the spleen and of the mesenteric glands. The infectious virus is unknown, and there is no evidence of an intermediary host. However, both in Westphalia and in Sweden during the epidemic, a marked mortality among young chickens was noted.

Vaccine Treatment of Pyelonephritis in Pregnancy.—Routh (The British Medical Journal) mentions the case of a young married woman, aged 30, with one child aged 7, who had suffered from the age of 14 from chronic constipation and an "irritable bladder," with frequent micturition. For many years also she had been unable to lie on the left side for any length of time, as that position always caused pain in the right loin sufficiently severe to awaken her if asleep. Her first child was born in 1902, the labor being normal. She has had no miscarriages.

She enjoyed good health until June, 1908, early in which month she became pregnant.

Examination of the urine showed a pure cultivation of *B. coli* and from this a vaccine was prepared. The first injection was given on January 12, and within six hours the temperature fell from 104° to normal, and the pulse, which had varied from 120-160, to 104. All other symptoms, with the exception of the rigors, remained, a very large amount of pus being passed daily. The urotropin was continued, small doses of morphine being occasionally given for

the pain, which was still intense, and a purge each night. From this date to January 24 the pulse never rose above 104, nor the temperature above 100°, though all other symptoms remained as acute.

On January 24 two rigors occurred, and the temperature rose to 102°, only to fall to subnormal the next day, at which point it remained. The patient was kept in bed on light diet, and gradually increasing doses of vaccine were given every eighth day until six had been administered.

On February 28 a healthy female child was born, the labor being perfectly normal. The patient made an uninterrupted recovery, and three weeks later the urine was free from pus and *B. coli*. She has now better health than she has had for years, as all constipation and frequency of micturition have ceased, and all pain in the region of the right kidney has disappeared, whatever position she is in.

The chief point of interest was the rapid improvement of the general condition of the patient after the first injection of vaccine, though all other symptoms remained as acute until the birth of the child, after which they rapidly disappeared.

The Use of Adrenalin in Acute Asthma.—Matthews (Brit. Med. Journal) cites his experience with several cases of acute spasmodic asthma in which he found a nasal spray of adrenalin very effectual. One of them, a young man of 23 years, had previously cut short his attacks by the use of cocaine. The practice of this for a prolonged period resulted in cardiac weakness and dilatation with palpitation on slight exertion. He was told to use no more cocoine and given a 1-2000 solution of adrenalin to take its place. The result was satisfactory.

Several other cases are given in detail. He states that hypertrophic rhinitis was not present in any of them and that he detected no reason for nasal treatment.

Carcinoma of the Tongue.—Ehrlich (Archiv. fur Klin. Chir.) discusses the question of operative interference in lingual cancer, which by certain observers is regarded as entirely useless. Among 49 cases of cancer of the tongue, 36 were operated upon by the author. There was an operative mortality of 25% and 13% permanent cures. In spite of these somewhat discouraging figures, the author considers operation as indicated in all those cases of lingual carcinoma in which there is a prospect of radical removal of the growth. Life is prolonged for several months even in the cases which are not permanently cured. In regard to the operative technique, the submaxillary glands must be systematically removed, and also the deep cervical glands, even in the incipient cases. Extirpation of the primary tumor, without ablation of the glands, is to be rejected in the majority of the cases. Among the auxiliary operations serving for the exposure of the field of operation, the best access is afforded by temporary division of the maxilla; this should be performed in the median line, except in carcinomata involving the lateral pharyngeal wall and the epiglottis. In the after-treatment, special care should be devoted to the avoidance of lobar pneumonia, due to secondary aspiration, and of pressure-ulcers of the pharynx. The prolonged internal administration of potassium iodide is recommended in the after-treatment of carcinoma-operations in syphilitic individuals. He cautions against the entirely useless X-ray treatment of lingual cancer, because this leads to delay, and the most favorable time for the operation is missed.

With regard to glandular infection in lingual cancer, it is well to note that the large and numerous lymphatics of the tongue, which for the most part follow the ranine vessels, enter one or two small glands lying on the hyoglossus muscle, before they reach the deep glands in the neck, where they finally end. The tongue is well supplied with nerves. The lingual nerve supplying the forepart and sides for two-thirds of the lingual surface, while the glossopharyngeal nerve supplies the mucous membrane at its base, and especially the papillæ vallatæ. In painful affections of the tongue in the district supplied by the lingual nerve, the patient often is troubled with severe pain deep in the region of the meatus of the ear. The pain in such instances is referred along the course of the third division of the fifth, of which trunk the lingual nerve is a branch.

A Case of Idiopathic Acute Osteomyelitis of the Superior Maxilla.—Zamenhof (Medycyna i Kronika Lekarska) mentions the case of a patient, a child three years of age, with a negative family history. Two months before the case was seen by the author, a swelling of the cheek appeared, with a high fever; the acute symptoms subsided after a few days, but there remained a persistent pain in the region of the upper jaw. Later on, small fragments of bone became detached from the superior maxilla, with formation of fetid pus. The examination showed a swelling of the cheek and total necrosis of the right alveolar process at the upper jaw; the sequestrum was removed by means of the forceps, without any difficulty. There was no communication with the antrum of Highmore. The case terminated in recovery after seven

days. It must be interpreted as one of idiopathic osteomyelitis, as the anamnesis showed no infectious disease or intoxication back of the disease, while the course permits the exclusion of the inflammatory conditions of a specific origin. No more than three analogous cases were found by the author in the literature.

Syphilitic Polyneuritis.—Steinhart (Munchener Med. Wochenschrift) arrives at the following conclusions: There exists a syphilitic polyneuritis, which appears in the secondary stage of syphilis, by far most frequently in the early period of the secondary stage. In the majority of the cases there are at the same time specific manifestations on the part of the skin and the mucous membranes. On the other hand, the occurrence of a syphilitic polyneuritis has not been positively demonstrated in the tertiary or metasyphilitic stage. Syphilitic polyneuritis cannot be confused with mercurial polyneuritis, in the opinion of the author, and mercurialism in a general way does not give rise to polyneuritic processes.

The view of the effect that systematic treatment with mercury may induce polyneuritis, is erroneous and not borne out by facts. However, a polyneuritis may occasionally be caused by severe acute poisoning with mercury. The clinical picture, in the majority of the cases, corresponds to the customary picture of symmetrical polyneuritis. The upper extremities are perhaps more apt to be involved than in other cases. The relatively large number of cases taking a pseudo-tabetic course is noteworthy. The prognosis is not particularly favorable, and there are individual cases with a malignant course, terminating in death. As a rule, however, the outcome is complete recovery. The pathologico-anatomical picture seems to correspond with that of the other types of polyneuritis. According to the available experience, syphilitic polyneuritis should be energetically treated with mercury. This treatment has never been shown to act injuriously.

Increased Reflex Irritability and "Nervousness."—Ploenies (Archiv. fur. Psych.) advocates the theory that gastric affections, with their fermentation processes and sequelæ, anemia or over-nutrition, are the principal cause, instead of the result of the increased reflex irritability and the functional neuroses. The writer says that he has invariably obtained, and demonstrated, a diminution of the reflex irritability and nervousness, whereas these conditions are aggravated by the repeated onset of the fermentation processes. The authors' mode of treatment consists essentially in strict regulation of the diet. The insomnia of these patients, like the nervousness, is often merely a result of the gastric disturbances. The origin of the nervousness and nervous diathesis frequently dates back to early childhood, the foundation for the nervous disturbances being supplied by abnormal processes in the stomach and over-feeding. According to the author, all neurasthenic patients should be examined in the first place as to the presence of latent gastric lesions, which are then to be treated and corrected.

The Diagnosis of Tuberculosis by the Method of Deviation of Complement.—Marmorek (La Presse Medicale) mentions a method of serum diagnosis of tuberculosis which appears valuable in the detection of tuberculous processes in individuals, and also indicates whether or not such processes are active or latent. The writer calls attention to the fact that while the subcutaneous injection of tuberculin tells one that a tuberculous foci is present, such injection does not give information with regard to the activity of the infecting organism. It is well known that bacilli may be present in an organism, and yet one cannot say that the morbid process existing is due to such. The method described by the writer is suggested with a view of proving the presence in the circulation of tuberculous toxin, which toxin is produced only by the active, proliferating tubercle bacillus.

His test is based upon the now well known method of "deviation of complement" first established through the researches of Bordet and Gengou. He believes that when tubercle bacilli are active they secrete a toxin differing from tuberculin, and that it is this toxin, not tuberculin, which should be studied. The writer claims that the anti-tuberculous serum which is the antibody of tuberculin permits one to apply the method of deviation of complement to tuberculosis as well as syphilis diagnosis. He points out that when an actively advancing focus is present in an organism, the toxin produced will be discharged into the circulation, and can be detected there, as also in the urine. The writer's investigations have been carried on with both blood serum and urine. The author's opinions are claimed to be based upon observations made upon some six hundred individuals. Of these, the blood serum was examined in three hundred and six instances and the urine in two hundred and ninety-four. He describes his method in detail. Briefly the steps are as follows: 0.15 cubic centimeters of serum (0.2 cubic centimeters of urine) of the suspected individual is mixed with 0.3 cubic centimeters

of "simple" anti-tuberculous serum (serum from a horse immunized to tubercle bacilli alone). In most fresh sera "complement" is present in sufficient quantity for the working of the test. When serum more than two days old is used, then "complement" must be added in the form of guinea-pig serum. Urine contains no complement, and here again, guinea-pig serum must be added. After the mixing of suspected serum, "simple anti-tuberculous" serum and complement, the solutions are incubated for one hour. After the incubation, 0.3 cubic centimeters of a ten per cent. suspension of sheep's erythrocytes are added and a varying quantity of rabbit serum hemolytic for the sheep's red cells. After mixing, the solutions are again incubated for about forty-five minutes. The tubes are then examined for the presence or absence of hemolysis.

His researches lead him to advance the opinion that complete hemolysis indicates the total absence of tuberculous toxin in the general circulation. The absence of hemolysis takes place in persons exhibiting the clinical signs of active disease, incomplete hemolysis is observed in cases where there is little fever, with feeble or transitory intoxication. The more feeble the hemolysis, it would appear that the more marked are the evidences of toxemia. Localized tuberculosis, without general reaction on the part of the system, gives hemolysis, the toxin being in this instance arrested by the local barriers, and thus kept from the general circulation. Repeated experiments upon a given subject make it possible to grossly determine the quantitative variations in the toxin in the circulation. In this manner the reaction appears to have considerable prognostic value.

Out of his six hundred cases, the reaction was out of accord with clinical findings but twenty-eight times. Sometimes the simultaneous examination of blood serum and of urine have given varying results. It would seem that in some cases of cystitis, without general systemic intoxication, positive manifestations may be expected from examination of the urine. In some instances, it would seem that error in technique could be held accountable for discrepancies. It would appear that, on the whole, the method is one of great accuracy, and is entirely harmless, as a diagnostic procedure, to the subject.

Treatment of Contracted Pelvis.—Fehling, in the British Medical Journal, advises for multiparæ having simple flattened and rachitic flattened pelves or slightly generally contracted pelves the induction of premature labor between the thirty-fifth and thirty-seventh weeks. The writer uses a hydrostatic dilator and endeavors to secure a vertex presentation. He says that his results are: eighty per cent. of the children are born alive of which seventy-six per cent. are discharged living. Of the latter eighty-two per cent. were found to be living at the end of the first year (more than in the case of children born by Cesarean section).

With regard to the operative methods, his rule is to wait as long as possible, until it is seen that stretching of the cervix, fever, or slowing of the fetal heart sounds indicate danger to mother or child, or until it is clearly impossible to end the labor by any of the more usual means. With this method spontaneous labor occurs in eighty per cent. of the cases. It is impossible to state in centimeters the exact indications for the different operations, but in general he regards Cesarean section as absolutely indicated when the true conjugate is 6.5 centimeters or less and the child is viable. The relative indication for Cesarean section is given when the "true conjugate of a multiparæ lies between 6.5 and 8.0 centimeters, and when other methods, as forceps, premature labor, even pubiotomy itself, have given bad results for the child. With a true conjugate measuring from 7.5 to 9.0 centimeters he performs pubiotomy.

The writer reports thirty-two cases of pubiotomy, seventeen done by the Doderlein method and fifteen by Bumm's subcutaneous method. The technic and after treatment of the latter operation are carefully given.

Of the thirty-two cases one mother died. In this case the placenta required manual extraction, and the mother succumbed to sepsis more than two months later. Twenty-seven children were born alive. The maternal mortality is thus 3.2 per cent., the infantile 9.2 per cent.

In regard to Cesareon section he states that the author intends to replace the classical Cesarean operation with the cervical and expects better results from this than from the extraperitoneal operation.

In conclusion, Fehling states that the chief thing in determining for operative interference is the exact consideration of the labor and that after many years' use of all kinds of pelvimeters he has returned to the use of the hand; the first time he measures the pelvis under chloroform, and then remeasures two or three times without; then he takes the average.

Puerperal Fever.—Birnbaum, in The Muench. med. Woch., says that he has experimented with the metabolism of these cases, and has found that the power of

assimilating sugar goes hand in hand with the power of resisting infection. Mild cases have no difficulty in dealing with sugar. So far, however, he has not been able to test the efficacy of this test in a large number of cases, but in the few in which he has applied it, the appearance of experimental glycosuria appeared to indicate a severe infection. The patients were given ¼ litre of milk, 100 grams of bread and 100 grams of pure grape sugar as breakfast; the urine for sugar was tested during the following hours. The best prognostic means at the disposal of the experienced clinician, however, remains his general power of observation. The trained man can discern from the appearance of the patient signs which will justify him in forming a prognosis. The writer believes that in these days of hæmatology and bacteriology, clinical observation is being unduly neglected.

As to treatment, he states that he has received negative results from the various serum therapies. Deutschmann's serum has yielded unsatisfactory results both therapeutically and prophylactically, but he states that it acted well in a very severe case of tuberculosis of the bladder. The treatment will, then, be limited to alcohol and baths, provided that the question of surgical intervention is not entered into. The author discusses the action of alcohol in some detail. The author says that the experiments of Pringsheim *inter alia* have shown that alcohol acts differently in an organism invaded with infective microorganisms than it does in an afebrile organism. Clinical experience, he states, proves that alcohol is well tolerated by the puerperal patient, and in addition he records the fact that while the number of leucocytes falls considerably after the intake of a large dose of alcohol by a healthy person, it actually rises in a person suffering from a septic disease. He insists on the wine or brandy being pure, and claims that much good can be done by its means. Again, he lays considerable stress on the feeding of these patients. A well-trained nurse is frequently successful in getting the patient to take a full diet, which is highly beneficial, in spite of protestations of loss of appetite. Warm baths are also useful, both in reducing fever and raising the appetite. A dose of pyramidon may be employed for this end.

Absence of the Patellar Reflex in Functional Conditions.—Wohlwill (Neurolgisches Centralblatt) remarks that although a somewhat rare condition, the absence of the patellar reflex in functional nervous disorders seems to be generally believed. He refers to the few reports of this condition, and objects to the requirements of v. Hosslin, who would only speak of Westphal's sign as being present in those cases in which the patellar reflexes remained permanently absent. In the majority of the cases of functional conditions reported with absent patellar reflexes, the condition was not a permanent one, or showed variations in their presence from time to time.

He reports the case of a twelve year old girl who two years before the examination had a series of convulsions, which then ceased, but there soon developed attacks of apprehensiveness with peculiar sensations as if she must fly or fall. These attacks sometimes occurred several times in a day. Apart from these there were no complaints. At her examination it was found that both the patellar and Achilles reflexes were absent, by all methods of testing. Pupil reactions were normal. Both legs showed a considerable degree of diminished tonus. There existed a generally diminished reaction to pain sensibility. In all other respects the neurologic examination was negative. Lumbar puncture and Wassermann's reaction were negative. Three days later another examination showed the patellar and Achilles reflexes present and brisk, and the tonus of the muscles was normal.

Repeated examinations at intervals during a six weeks' observation, showed that on some occasions either the right or left patellar reflex would be present but never were both present at the same time. On two occasions both were absent. The same relations were present in the Achilles reflex.

After six weeks' treatment by psychotherapy, the attacks ceased but the patellar reflexes were absent. She was seen a month later and the reflexes were normal. At examination after another month, only the rifiht patellar reflex was present. The attacks for which she was first treated had again returned. The author regards the condition present as a functional one. Whether or not it was hysterical he does not feel sure. The author feels that he has excluded the existence of an organic disease in this case and believes the condition was of a functional nature. To attempt to explain the physiologic conditions which would account for this he believes to be too hypothetical. The case, however, does not bear out the explanations of Steiner, who associates the absent reflexes with sensory anesthesia.

The Clinical Significance of Gastric Hypersecretion and its Connection with Latent Disease of the Appendix.—Fenwick, in The London Medical Lancet, states

that the disorder known as "hypersecretion" is distinguished from all other functional perversions of the stomach by the fact that a secretion of gastric juice occurs in the intervals as well as during the periods of digestion and, therefore, is practically continuous. In conclusion he says: (1) Hypersecretion of gastric juice invariably depends upon an organic lesion, which usually takes the form of a chronic ulcer of the stomach or duodenum, calculus in the gall-bladder, or latent disease of the appendix, although it is probable that future investigations will prove that pancreatic calculus, tubercle of the cecum, and carcinoma of the appendix are also capable of producing it. Of the last named, one case has already come under his observation. This disorder of secretion is merely the physiological expression of a reflex irritation of the gastric glands, and is therefore not entitled to be regarded as a disease. (2) The continuous flow of hyperacid gastric juice, whatever be its cause, always excites severe inflammation of the stomach, and is very liable to be followed by ulceration of that viscus or the duodenum. This secondary ulceration is at first superficial in character and may not be demonstrable on examination of the exterior of the stomach. Minute hemorrhagic erosions, capable of producing alarming hematemesis and melena, are usually associated with, and caused by, this abnormality of the gastric secretion. (3) Latent disease of the appendix as a result of former acute inflammation is accompanied by a peculiar form of digestive disturbance. In this condition subacidity of the gastric juice with an absence of free hydrochloric acid is the rule. (4) With the exception of hemorrhage, all the symptoms that are regarded as pathognomonic of duodenal ulcer are in reality due to the gastric hypersecretion that always accompanies this lesion. It follows, therefore, that a severe example of hypersecretion may as a rule be safely diagnosed as a case of duodenal ulcer. (5) Contrary to the usual belief, carcinoma of the pylorus is sometimes accompanied by extremely well marked hypersecretion. In such cases the morbid growth develops with extreme rapidity, and violent hemorrhages, due possibly to digestion of the tumor, are exceptionally frequent.

Treatment of Spastic Paralysis by Section of Posterior Nerve-Roots.—Foerster (Mitth. aus d. Grenzgeb. d. Med. u Chir.) has proposed section of the posterior nerve-roots for spastic paralysis. The pyramidal tracts in the spinal cord, besides serving for the transmission of motor impulses, exert an inhibitory influence in that they lessen the reflex irritability of the cord. If these tracts are interrupted, there will be paralysis and the tendon and skin reflexes will be exaggerated; in addition there are extensive involuntary movements associated with attempts at voluntary motion and spastic contractures. These are all reflex, depending upon sensory irritations in the skin, joints, tendons, muscles and ligaments which are transmitted to the cord along the peripheral nerves and posterior roots, and the cord then responds by motor irritation (contractions) of the muscles. In order to interrupt the reflex path Foerster suggests division of the posterior roots. Tietze, who carried out Foerster's suggestion, operated upon two cases of infantile spastic diplegia, one case of spastic paraplegia due to Pott's disease, one case of hemiplegia and one case of multiple sclerosis. In three cases there was marked improvement, the spasticity having been done away with or at any rate markedly lessened, and voluntary movements could be much better executed; in the case of hemiplegia, the contractures of the arm were lessened, but voluntary motion was not improved. Seemingly the upper extremities are not as susceptible of improvement as the lower.

Tietze advises operating in two stages, the dura being exposed at the first operation and the nerve-roots resected at the second. Secondary operations on the muscles or tendons may be necessary later to relieve joint contractures and shortening of muscles.

Uterine Cancer Complicating Pregnancy.—Lockyear, in the British Medical Journal, mentions two cases. In one case the condition had been mistaken for placenta previa. What was taken for the placenta, however, proved to be a cancerous mass which completely blocked the vagina. Cesarean section was done, but the carcinoma was so far advanced that no operative curative measures were attempted. The mother died in a few weeks, the child lived and was strong and healthy.

In the second case, Cesarean section followed by Wertheim's panhysterectomy was done during the thirty-third week of pregnancy. Some five weeks previously it had been necessary to excise a large cauliflower growth from the anterior lip of the cervix because of severe hemorrhage. The Cesarean section was done as soon as it became evident that there was a local recurrence of the malignant growth. The child only lived twenty-five hours. The mother made an afebrile and uneventful recovery and no recurrence was found in her when examined six months later.

In regard to the feasibility of the Wertheim operation in the gravid uterus the

author states that all the details of this procedure were much more easily carried out than in any of his other thirty-two cases of the Wertheim operation for removal of the nongravid uterus.

The Relations of the Pelvic Floor to Pelvic Displacements and Pain in the Female.—Groves (The Bristol Medical-Chirurgical Journal) in this interesting and suggestive paper comes to the following conclusions:

1. That the pelvic viscera are supported chiefly by the underlying pelvic floor. 2. That the pelvic floor consists of a muscular diaphragm composed in the main part of the levatores ani and their investing fascia which actually attaches the viscera to the floor. 3. That the pelvic floor is adequately supported by its attachments to the circumference of the pelvis, but is weak in the mid-line where it is perforated by the rectum, vagina, and urethra. 4. That the efficiency of the pelvic floor depends upon the union of its two halves in the mid-line. 5. That displacements of the uterus, bladder, and vagina, apart from diseased conditions, depend upon a rupture, stretching or thinning of this median raphe. 6. That the adequate and rational treatment of these conditions consists in a repair of this muscular raphe either in the perineum or by forming a new second line of muscular union between the vagina and bladder. 7. That the use of a pessary constitutes a reasonable second best treatment, but that this will only be possible when the gap between the edges of the levatores ani is narrower than the diameter of the pessary. 8. That when the pelvic viscera lose their adequate support by the pelvic floor, they hang upon their peritoneal "ligaments," and this causes pain by dragging upon the ovaries, tubes, and pelvic nerves.

Scopolamine Morphine Anesthesia.—Thomson and Cotterill (Edinburgh Med. Jour.) record their experience with this combination. The writers administered it in two ways: One, two hours previous to operation 1-64 grain of scopolamine hydrobromide with 1-6 grain of morphine sulphate. Or, two, three preliminary doses of the scopolamine-morphine combination were given at intervals, the first dose two and one-half hours, the second one and one-half hours, and the third one-half hour, before the operation. From 1-120 to 1-100 gr. of scopolamine with 1-8 gr. morphine was the usual amount of each dose. As the result of giving either the single or the three preliminary doses, fear as a source of danger in the performance of an operation is entirely done away with. There can be no doubt that the condition caused by fear is one which predisposes a patient to sudden syncope, which is accountable, to a very considerable extent, for the cases of sudden death which form so large a proportion of the casualties which take place during the administration of chloroform. The amount of anesthetic required is small. In very many of the cases, after the preliminary incision had been made, no further application of the anesthetic was necessary; in the remaining cases a whiff of chloroform had to be given from time to time during the continuance of the operation, or small quantities of ether were applied continuously by the open method. Owing to the fact that the secretions of mucus and saliva are to a great extent inhibited by the drug, the trouble caused by the excessive secretion which so frequently accompanies the administration of ether or chloroform is avoided. As regards by-effects, nausea, etc., both during and after the operation, the results are particularly good, and the patients sleep on for several hours after the operation, with but little pain and discomfort.

Mastitis Followed by Septic Infection.—Pithie, in the London Medical Lancet, mentions the case of a married woman who was delivered of an eight-months-old child in June and made a good recovery. The left breast, however, ached from the time of confinement; an inflammatory lump formed in it. Early in October this lesion suppurated and discharged. At this time there was rigor, with marked illness and faintness—manifestly sepsis. No pus pocket could be found by Pithie, who first saw the case at this time. There was an intensely red rash upon the chest and neck. Quinine and strychnine were unavailing. Streptococcus serum injected into the abdominal walls only made the patient vomit. Tolerance was, however, established when this serum was given by rectum, though at first the patient showed anorexia with each such administration. Recovery was slow, but perfect. Here was evidently: absorption of septic material from the mastitis without any pus pocket or concealed pus collection; prompt and good action of the serum after quinine had been found unavailing; recurrence of the symptoms after the serum had been stopped; and the marked effect of the serum when it was again resorted to. Pithie concludes that in such cases the administration of the serum should be continued some time after all symptoms had disappeared.

Intestinal Haemorrhage in Enteric Fever.—Gaultier (La Quinzaine Therapeutique) considers that hæmorrhage in enteric fever, as in other diseases in which

blood-pressure is usually low, is probably occasioned by an increase of arterial tension, and should therefore be treated by remedies which lower the blood-pressure. The writer had previously treated, with success, cases of hæmoptysis in pulmonary tuberculosis with an aqueous extract of mistletoe, and suggests that this drug might be applicable also in the treatment of typhoid hæmorrhage. Bouchard and Teissier have pointed out that a relatively high arterial tension is a valuable premonitory sign of bleeding in enteric fever, and instances have been reported of patients suffering from diabetes—a disease in which the pressure is high—contracting enteric fever and succumbing, with profuse hæmorrhages. Gaultier reports a case of enteric fever in a young boy who was admitted to hospital much prostrated and with severe nervous symptoms. His pulse was at first feeble, rapid, and dicrotic, and the arterial tension measured by Potain's sphygmomanometer varied from 8 to 9. Six days after admission a relatively high tension pulse was observed, the readings being from 14 to 15, while the dicrotism disappeared. This change in the blood-pressure was shortly followed by an exceedingly copious hæmorrhage. Ergotine was administered, and the baths, which had been up to that time employed, were discontinued. The sphygmomanometer reading next day was still relatively high—15—and in the evening another profuse bleeding occurred. This return of the hæmorrhage, in spite, or because, of the ergotine, induced Gaultier to inject 2 c.c. of his solution of an aqueous extract of mistletoe, together with a dose of morphine. The pulse became more rapid, and the pressure fell considerably afterwards. The mistletoe solution was again employed on the following day. There was no further hæmorrhage, and the pressure remained low during the succeeding week. The patient made an uninterrupted recovery.

It is obvious that satisfactory deductions cannot be made from a single case. Many of us, for instance, have found morphia effective in the treatment of typhoid hæmorrhage when ergotine has failed, and it is significant that morphia was injected together with the first dose of the mistletoe extract. But there is much to be said for a remedy which lowers the blood-pressure so effectively, and it might well be worth while following up Gaultier's observations. In any case, the emphasis which he lays on the prognostic value of a relatively high tension pulse in enteric fever should do much to encourage systematic observations of the blood-pressure in that disease.

Carriers.—Macrae (Indian Medical Gazette) reports an outbreak of cholera among the nurses of the Presidency General Hospital in Calcutta. Seventeen persons were infected, and of these 12 were seriously ill and no less than 8 died. With 4 exceptions the individuals attacked were members of the nursing staff. Nearly all were taken ill on the same day, and a period of 4 days covered the dates of onset of the remainder. Here, again, attention was at once drawn to the feeding arrangements of the nurses. It is interesting to note that a native sweeper, who was one of the patients, received as his perquisite the remains of the nurses' meals. On the 28th of July he obtained food in this manner, and investigation of the menu of that day caused suspicion to fall on some custard sauce. It is possible that some of this may have been carried as a treat to the three children who were the only patients attacked. The water supply appeared to be above suspicion. All the nurses attacked partook of this suspected meal as did the infected sweeper. The incubation period of cholera, from 1 to 3 days, also suggested the 28th as the probable date of infection. As at no other meal about that date were all the nurses attacked present together, the probability is strengthened that infection took place on that occasion. The custard sauce was the only dish served cold, and had been prepared early in the day, and appeared to be the only dish likely to cause trouble. An examination was made by Haffkine of the hands of the 12 servants connected with the nurses' kitchen and cook-room. Comma bacilli were found on the hands of two *masalchis* whose duties included the care of the ice supply, the peeling of the potatoes, &c., and the washing up of the dishes. It then became necessary to ascertain whether these *masalchis* harboured comma bacilli in their bowels, and Haffkine succeeded in isolating very typical-looking comma vibrios from the stools of both. The men themselves were apparently quite healthy, and the evidence certainly points to their having transmitted cholera in the manner alleged, the case being quite analagous to that of the typhoid carriers reported who are so often, when dangerous, found to be connected with the preparation or serving of food. Macrae quotes in support of his view the result of some investigations undertaken in Russia during the recent St. Petersburg epidemic. No less than 2440 stools of persons living in close contact with 600 cholera patients were examined and the vibrios of cholera were found on 125 occasions. All these individuals, then, were potentially infective. In the majority, however, the germs did not remain long in the stools.

At Calcutta this point could not be investigated, as the *masalchis*, being imbued with the idea that they were being subjected to some form of witchcraft, declined to remain under observation.

Senile Dyspepsia.—Fenwick, in The London Medical Lancet, says that mastication must be performed in an efficient manner, and new teeth should be inserted when necessary. The state of the mouth requires careful attention, and a wash composed of Condy's fluid, boric acid or other antiseptic should be employed after each meal. Special precautions must be taken to protect the patient from exposure to cold, and it is advisable that a woolen or flannel belt be worn next to the skin of the abdomen, both summer and winter. Fluids always increase the tendency to flatulence, and consequently beef tea, broths and soups should be avoided, and only a small quantity of hot water be allowed at the end of the principal meal. Tea always disagrees, and the various sweet preparations of cocoa are apt to excite gastric fermentation, but a palatable beverage may be prepared from the cocoa nibs or husks. Some individuals are able to take coffee without discomfort. The addition of a tablespoonful of brandy or whisky to the hot water taken after meals is often of value in allaying the epigastric distension, but wines, malt liquors and effervescent drinks must be avoided. Raw milk should be prescribed with caution, and in most cases it requires to be diluted with lime water, mixed with citrate of sodium or peptonized, before the patient can digest it. The fact that subacidity always exists, renders it necessary to restrict the diet to finely-minced white fish, chicken, game, brains, tripe, sweetbreads, calves' feet, eggs and scraped or pounded raw meat. Green vegetables and raw fruits always increase the indigestion, but cauliflower, seakale, stewed celery and asparagus may be given in moderation, or a baked apple may be taken with the midday meal. Toast is preferable to bread, while buns, cake and pastry must be prohibited. Fats may be allowed in mild cases, and codliver oil is often of much benefit, but in advanced cases fatty substances are apt to produce nausea and diarrhea. The various digested and semi-digested cereal foods, maltine and sanatogen help to vary the diet, but barley, oatmeal and rice must be given with caution.

The Natural and Unnatural Feeding of the Infant.—Findlay (Glasgow Medical Journal) discusses the most recent views on the differences between human and cow's milk. Not only are there essential differences between the proteids and fats of these milks, but also in the quantity and quality of the inorganic salts. That whey is not entirely harmless has been shown by the experiments of Meyer, who found that healthy and sick children fed with a mixture of whey and cow-curd did well; whereas, when healthy infants and those convalescent from gastrointestinal affections were fed with cow-whey and human-curd they became ill. Finkelstein's studies on the antagonistic action of sodium and calcium salts are mentioned. Sodium salts when ingested produce a rise in temperature, increase in weight, and increase in electrical excitability. Calcium salts produce a lowering of temperature, fall in weight, and diminution in galvanic irritability of the muscles.

The beneficial effects of milk dilutions may perhaps be due to the diminution in the quantity of inorganic salts.

The recent application of the principles of immunity to the investigation of the problems of infant nutrition has yielded some interesting results. Pfaundler, as a result of his studies, contends that the hemolytic power of an infant's serum is a measure of its nutritive potentiality, the more hemolytic complement its serum contains the less likely are digestive disturbances.

He, in collaboration with Fua and Noeggerath, made an extensive investigation on the complement content of the serum in over 100 infants at the Berliner Stadtische Kinderasyl. His conclusions are radically different from those of Pfaundler. Complement was found directly proportionate with age, the older the child the more complement. Complement thus behaves like the natural immune body, which, according to the researches of Gewin, is practically absent during the first weeks of life.

Chronic Disease of the Colliculus Seminalis.—Edwards (British Medical Journal) examines the colliculus seminalis through an appropriately curved urethroscopic tube with a capacious window on the under aspect of the curve, which, when the obturator is removed, allows even an enlarged colliculus to enter. The straight urethroscope is not adapted to this work. The curved tube was made for him some years ago by Gentile, of Paris, and works well with the ordinary Valentine lamp. This arrangement is excellent for the preliminary examination, as it shows the true colors of the parts, and is, moreover, excellent for treatment. For the study of the more minute details, Edwards finds the Goldschmidt irrigation urethroscope invaluable. This is really a urethroscope on the principle of the cystoscope, a flowing stream of water serv-

ing to distend the canal, to wash away any bleeding, and to keep the lamp cool. Unfortunately the instrument produces marked anemia of the parts, but a full investigation of the colliculus can be secured by an alternate use of both instruments mentioned. Much experience is required in deciding between healthy and diseased appearance. Usually, the colliculus is about the size of a split pea, yellowish-rose in color. With the Goldschmidt instrument the orifices of the prostatic ducts are easily seen, a feature which is not detected with the other urethroscopes. When the colliculus is the seat of soft infiltration, it swells, becomes dull red and cyanotic and its surface loses its smooth aspect, showing the formation of folds.

Spasm of the Anus Causing Crying in an Infant.—Planchu (Lyon Medical; Ref. Jour. de Medecine et de Chirurgie pratiques) reports the case of an infant in whom continual, loud and violent crying was causing spasm of the anus, without any apparent anatomical lesion. The child was quite healthy, but began to cry when about one week old. Examination revealed a perfectly normal condition throughout. The movements were normal, and the child throve steadily. Nevertheless it cried almost continuously day and night, only sleeping in all about two hours a day. Planchu tried everything in vain, including a change of nurse. The convulsed face and spasmodic movements of the limbs pointed to pain, the origin of which had to be found. Weill was called into consultation. At the end of his examination he sought to examine *per rectum*, and was struck by the firmness of the contracted sphincter. He thereupon proceeded to dilate several times, using his little finger for the purpose. Following upon this, the child slept soundly for three hours, then took a meal, and slept again. Crying began again during the night, but was immediately quieted by anal dilatation. This procedure was required once more on the following day, after which the child became quiet, slept well, and enjoyed perfect health. Planchu has since, in like manner, dealt successfully with similar cases, and Leclerc recalls, in this connection, the common practice among mothers and nurses of introducing a suppository, or even a piece of soap, through the anus when a child cries. Even if an action of the bowels is not caused the children are very often quieted.

The Serum Diagnosis of Echinoccus Cysts.—Lippmann (Berliner klinische Wochenschrift, states that eosinophilia is no certain means of diagnosis, as it occurs in other parasitic and non-parasitic diseases, nor is it constant in echinoccocus affections. In addition, the eosinophilia does not disappear with the excision of the cyst. More recently serum tests have been applied, and these are of two kinds. Firstly, the precipitation test has been tried consisting in the mixure of 12 drops of serum with 2 c.cm. of hydatid cysts fluid. A specific precipitin formation, occuring after several hours' contact, has been found in the experiments reported in only three-fourths of the cases in man and in less than half of the cases in animals. The second test is that of complement fixation, according to Bordet-Gengon, which in the 42 cases reported had given positive results. A positive reaction may be obtained after op ration, as Weinberg has shown in 16 out of 26 cases, some even after an interval of 4 to 6½ years, The writer reports two further positive results from the Klink of Lichtheim at Konigsberg. As antigen, the contents of fresh echinococcus cysts from the sheep immediately after slaughter were employed in every test.

He discusses the nature of the antibodies present in the serum. The author disagrees with the view of Jano that they are antibodies against the toxin of the tænia echinococcus. In the first place, he has shown the the antibody to be of the nature of an amboceptor, which excludes the idea of its being an antitoxin. Nor is there sufficient ground for considering the cyst fluid to be really toxic. More probably the antibody results from the passage of minute quantities of foreign albuminous substance through the cyst wall into the circulation. That this is possible has been proved by the finding of typhoid antibodies in the cyst of a patient who had suffered from typhoid. As the quantity of albumin passing must be minimal, large amounts of serum are necessary for the diagnostic test in vitro. In view of the slight toxicity of the cyst fluid, the author would attribute the uticaria, collapse, and other serious symptoms which may follow escape of fluid after puncture to the production of an anaphylactic condition.

Treatment of "Typhoid Carriers."—Cummins and Kennedy, in the Journal of the Royal Army Medical Corps, make a report on the treatment of typhoid carrier cases in the Royal Victoria Hospital, Netley.

In dealing with "urinary carriers" they state:

"A promising line of treatment suggested itself shortly before the patients left hospital. It appeared that Urotropine, which had previously been tried without success in these two cases, might act better if combined with a powerful diuretic, as the latter

would tend to eliminate the drug while still in fairly high concentration, and by flushing out the kidneys bring about a more thorough 'contact' between the antiseptic and the deposits of typhoid bacilli.

"In the case of Bombardier S., the treatment was started on Oct. 25th. The urine was found free from bacilli when next counted on Oct. 28th. On Nov. 1st a 'record' count was made for this case, which is largely explained by the discovery already mentioned, that thorough agitation of the urine before plating increases the 'count' by breaking up agglutinated 'clumps' of bacteria. It should also be noted that the patient returned on that morning from an absence of two days 'on pass,' during which the medicine had not been taken.

"Counts made on Nov. 6th, 9th, 12th, and 14th were all decidedly low. In the case of Lance-Serjeant I., the treatment brought about a marked change in the urine itself. This had always contained a very considerable amount of pus, being thickly turbid when passed, and depositing an inch or more of purulent mucus on standing in a urine glass.

"When treated with 'sanmetto' and Urotropine, the deposit became almost nil, and this was coincident with a remarkable fall in the bacterial content of the urine. I may say that this fall was even more marked than would appear on the chart, as the urine was latterly thoroughly 'shaken' before plating, while this was not done previous to the end of October. The diminution in the excretion of bacilli was not maintained, however, after cessation of treatment, as a sample sent me by Serjeant I., who had taken no medicine since Nov. 23rd, was found crowded with bacilli on Dec. 6th.

"I believe that much might be accomplished in urinary cases by combining sanmetto and Urotropine with vaccine treatment. It seems possible that the diuretic might assist in bringing the bacteriotropic substances, formed as a result of the vaccine, into contact with infected foci in the kidneys, and thus greatly increase the efficiency of the vaccine."

Adenoids and Asthenopia.—Killen (British Med. Jour.) has observed a distinct group of cases of asthenopia occurring among school children and young adults, the cause of the symptoms being nasopharyngeal obstruction from adenoid hypertrophy. The systematic removal of these hypertrophied tissues was followed by excellent results—relief from asthenopia and often the ability to discard glasses originally prescribed for small errors of refraction.

Bile Persuader.

"Chionia was referred to by Dr. Covert in 'Some Disorders of the Liver' as a 'bile persuader,' and this same author speaks of its usefulness in simple uncomplicated jaundice. He employs it, he states, because it excites peristaltic motion which is transmitted to the bile ducts, and thus secretion is promoted. In the obstruction of bile ducts, due to inflammation of the duodenum, the remedy is clearly indicated, and many difficulties of the gastro-intestinal tract are cured by its tendency to stimulate biliary secretion."

Cardiac Balance.

"As a simple heart tonic in many cases of hypertrophy accompanied by more or less dilatation, Cactina Pillets often prove strikingly useful, controlling the subjective symptoms of the condition and contributing to the maintenance of the cardiac balance. In cardiac asthma, the combination of Cactina Pillets with nitro-glycerin rarely fails to promptly relieve the symptoms, especially allaying in a most gratifying way the heart excitability that is so often the most distressing feature."

Proper Elimination.

"Just as 'nothing succeeds like success,' so nothing promotes health like healthy conditions. Given a start in the right direction and the human body has remarkable powers of recuperation. The ability of Prunoids to establish proper and thorough elimination—to give Nature a chance, as it were—accounts, therefore, for the pronounced benefits that invariably follow their administration."

Treatment of Pyloric Spasm of Infants.

Good results were obtained in this condition by the use of rectal instillations of Ringer's fluid, the formula of which is as follows: sodium chloride, 7.5 grams (2 drams); potassium chloride, 0.42 grams (7 grains); calcium chloride, 0.24 grams (4 grains); boiled water, 1 liter (34 fluid ounces). The solution is introduced high up into the bowel through an ordinary soft rubber syringe provided with a soft nozzle and a cock by which the flow may be regulated. The fluid should enter the bowel at the rate of 30 to 40 drops a minute. The instillation is continued for two hours, the total amount of fluid being thus about 500 cubic centimeters (17 fluid ounces). This procedure is repeated morning and evening for a number of days or weeks, as required. Not only was the loss of water from the tissues owing to vomiting compensated for, the infants showing a prompt gain in weight, but the pyloric spasm also seemed to be influenced, and vomiting ceased after a few days' treatment. Rosenstern, Deut. med. Wochenschr.

Carcinoma of the Tongue.—Ehrlich (Archiv. fur Klin. Chir.) mentions the question of operative interference in lingual cancer, which by certain observers is regarded entirely useless. Among 49 cases of cancer of the tongue, 36 were operated upon, also 15 patients in the author's private practice. There was an operative mortality of 25% and 13% permanent cures. In spite of these somewhat discouraging figures, the author considers operation as indicated in all those cases of lingual carcinoma in which there is a prospect of radical removal of the growth. Life is prolonged for several months even in the cases which are not permanently cured. In regard to the operative technique, the submaxillary glands must be systematically removed, and also the deep cervical glands, even in the incipient cases. Extirpation of the primary tumor, without ablation of the glands, is to be rejected in the majority of the cases. Among the auxiliary operations serving for the exposure of the field of operation, the best access is afforded by temporary division of the maxilla; this should be performed in the median line, except in carcinomata involving the lateral pharyngeal wall and the epiglottis. In the after-treatment, special care should be devoted to the avoidance of lobar pneumonia, due to secondary aspiration, and of pressure-ulcers of the pharynx. The prolonged internal administration of potassium iodide is recommended in the after-treatment of carcinoma-operations in syphilitic individuals. He cautions against the entirely useless X-ray treatment of lingual cancer, because this leads to delay, and the most favorable time for the operation is missed.

With regard to glandular infection in lingual cancer, it is well to note that the large and numerous lymphatics of the tongue, which for the most part follow the ranine vessels, enter one or two small glands, lying on the hyoglossus muscle, before they reach the glands in the neck, where they finally end. The tongue is well supplied with nerves. The lingual nerve supplying the forepart and sides for two-thirds of the lingual surface, while the glossopharyngeal nerve supplies the mucous membrane at its base, and especially the papillæ vallatæ. In painful affections of the tongue in the district supplied by the lingual nerve, the patient often is troubled with severe pain deep in the region of the meatus of the ear. The pain in such instances is referred along the course of the third division of the fifth, of which trunk the lingual nerve is a branch.

Bacteriological Examination of the Normal Lochia.—Cova (Folia Ginecologia) examined the lochia in twenty perfectly normal puerperal patients, who had absolutely no rise in temperature to ascertain the bacteriological conditions of the secretions. The author found—so have others—that in the physiological uterus the cavity contains no germs, while they are habitually present in the vagina and vestibule. For the first twenty-fours the lochia is perfectly sterile, and only later do the germs appear, and they are those that are habitually found in the vagina. Not all the germs present in the vestibule are found in the vagina. For instance the bacillus coli is found less frequently in the vagina than on the vulva. They seem to be the germs that have remained in the crypts and hollows of the mucous membrane of the vagina. The vaginal flora represents various kinds of cocci, especially diplococci which are simply saprophytic in the vagina and quite nonvirulent. The germs of the vestibule are more numerous. Some come from within, and some from without, the vulva. The bacillus coli may be easily demonstrated, and may ascend into the vagina.

Gastro-enterostomy for Hyperchlorhydia.—Meunier (Press medicale) mentions four cases of painful hyperchlorhydia cured by gastro-enterostomy, which are of special interest because the cases were observed for years after the operations were done, and the stomach contents were examined at regular intervals to ascertain as far as possible the effect of the operation on the gastric secretion. The symptoms in all four cases were those of severe gastric pain attended with hyperacity but without pyloric obstruction or gastric stasis. After operation it was found that the evacuation of the stomach was not modified in any way, that the acidity was decidedly diminished, and that intestinal liquid, containing bile and pancreatic juice, was present in the fluid removed after a test meal. This reflux of intestinal fluid continued for some months and then gradually ceased. Following this the acidity of the stomach contents rose again to the abnormal level present before operation, but the patients remained perfectly well. The operation had in short transformed a painful into a painless hyperchlorhydia. He believes that hyperacidity is in itself not a cause of pain, but that pain is caused by the associated spasm and hyperæsthesia. Gastro-enterostomy allays this by allowing a reflux of alkaline intestinal contents, which partly neutralize the acid stomach contents and also cause a reflex diminution of secretion of gastric juice. The additional opening in the stomach does not act, he thinks, by modifying

the evacuation of the stomach contents in any way.

Some Idiopathic Diseases of the Skin which may Simulate Syphilis.—Abraham, in The British Medical Journal, mentions some idiopathic diseases of the skin which may simulate syphilis, and remarks that it was formerly taught that when scaly patches occurred on the extensor surfaces of the limbs the affection was "simple psoriasis," and that when they occurred on the flexor surfaces, it was "syphilitic psoriasis"; but this idea was soon given up. Although the term "syphilitic psoriasis" is still loosely used for the scaly macules and papules of the common early syphilitic exanthem, and also for the scaly syphilide of the palmar and plantar surfaces, in point of fact there are very few syphilitic cutaneous manifestions which are really closely like, or easily mistaken for true psorias. An error in diagnosis is excusable in certain cases of the palmar and plantar syphilide, and even occasionally in the case of a scaly nodular syphilide on the elbows and knees; but not on the limbs and body. More frequently a psoriatiform syphilide is seen, appearing late in life, especially on the legs, in patients who must have been syphilized many years previously. There are usually a very few large patches, of livid tint and serpiginous outline, and with less hypertrophy of the horny layers than in the true psoriasis. These cases, too, are more amenable to treatment with potassium iodide than true psorasis—Pityriasis rosea. Although attention was called to this disease fifty years ago by Gilbert in Paris, it has only been recognized in England since 1884, when Dr. Colcott Fox wrote a paper on the subject. Although not very common, it is sufficiently frequent to have been seen probably by every medical practitioner. The slightly pigmented spots with fine or furfuraceous desquamation—often exhibiting a roseate bordering ring, rapidly making their appearance on the chest, neck, shoulders, trunk, and limbs, generally spreading from above downward and sometimes accompanied with but little subjective sensations—are often at first sight suggestive of syphilis in the early secondary stage. But there is no accompanying adenitis, and no throat trouble, or other signs of syphilis. There is usually, too, a history of one large macule having made its appearance some considerable time before the outburst of the others. —Impetigo may also resemble syphilis.— Eithyma. The author has had several cases of staphylococcic infection causing deep seated inflammation and ulceration of the skin. These ulcers may be mere erosions, or they may be sharply cut and punched out, coalescing and spreading in a serpiginous manner; they are extremely like syphilitic ulcers. There is nearly always in these cases evidence of impetigo elsewhere, and another indication that they are not syphilitic is the fact that they rapidly heal up with antiseptic lotions and ammoniated mercury ointment, without further specific treatment.—Rodent ulcer. The slow development, the hard consistence of the edge, the sites of predilection, and the absence of other specific signs in a large majority of cases sharply distinguish a typical rodent ulcer from the syphilide; but occasionally, it must be admitted, when the ulceration is extensive, a mistake in diagnosis is possible. It must be remembered, too, that a rodent ulcer may, though rarely, be developed on the site of a syphilitic scar.—Mycosis fungoides. The ulcerating, fungating lesions of this terrible malady may strongly resemble the gummatous ulcers of syphilis, and if the patient happens to give a history, or show signs of former venereal disease, the diagnosis is by no means easy. The author finally speaks of pemphigus vegetans and dermatitis and herpetiformis.

Hernia of the Lung.—Urbach (Deutsche Zeitschrift fur Chirurgie) reports a case of so-called spontaneous hernia of the lung in a man 34 years of age. The patient had had emphysema and chronic bronchitis and had sustained several traumata of the chest. In the second left intercostal space near the sternum was an ovoid, soft swelling about the size of a pigeon's egg, which became more prominent with coughing, sneezing and pressing and which disappeared at the cessation of expiration. Percussion gave a resonant note and auscultation, bronchovesicular breathing. There was a palpable defect in the intercostal space, corresponding to the point of emergence of the tumor. There was also a similar defect to be felt at a symmetrical point on the right side but no evidence of a hernia of the lung even on extreme expiration. Pressure by means of a cotton pad, fixed in place by adhesive plaster, relieved the patient's symptoms. In a general discussion of the malady, the anatomical factors as to points of predilection for the exit of these hernias are considered. The 84 hitherto reported cases are briefly reviewed. Urbach regards the action of expiration as the most important factor in the development of these spontaneous lung hernias. The patient takes a deep breath before a severe exertion, the glottis closes and expiration is delayed. The intrathoracic pressure rises enormously, the intercostal muscle tears and the hernia appears.

Rodent Ulcer Treated by Potassium Bichromate.—Gemmill (British Med. Jour.) reports the successful treatment of a typical rodent ulcer by means of potassium bichromate solution. The patient was a woman of 82 who presented an ulcer covering most of the bony skeleton of the nose, with a well-defined "rolled" irregular border, and an ulcerated center showing no granulations. A 10 per cent. equeous solution of the bichromate was painted on the surface of the ulcer night and morning until a marked inflammatory reaction occurred in the surrounding tissues, the ulcer being protected between times by a piece of lint. The bichromate was then stopped and a dressing of boracic ointment applied until the surrounding inflammation was allayed. This treatment was repeated twice, the effect of the bichromate being the production of a sloughing over the whole floor, which extended under the rolled edge of the ulcer. Granulation was promoted, epithelium spread rapidly over the ulcer and cure was complete in three to four months.

Some Points in the Treatment of Nerve Injuries.—Sherren (Brit. Med. Jour.) says that in the suture of divided nerves it is essential to obey the following three rules: 1. The suture material must be absorbable; the author employs the finest catgut. If non-absorbable material is used, disagreeable symptoms are likely to arise months after. 2. The nerves must be surrounded by Cargile membrane in order to prevent adhesions to the surrounding structures. If this is not done, an imperfect recovery is liable to take place. 3. After wounds in the region of the wrist, the deep fascia should always be sutured. If this is not done, the tendons become adherent to the skin, interfering with their mobility.

In order to obtain perfect recovery after suture of a nerve, it is essential to pay much attention to the after-treatment. This consists in daily massage of the affected muscles, and in maintenance of their relaxation by suitable splints until their voluntary power has been restored. This treatment must be kept up for months, and for larger nerves for a year or longer.

In amputations of the finger, the proper division of the nerve is usually neglected by surgeons. Having seen a number of painful stumps, he recommends that in finger amputations, as in the larger parts, the nerves be drawn out and cut short. When a painful stump of a finger has already occurred, the author emphasizes the necessity of operating as early as possible; if this is not done, the tenderness is liable to spread to other nerves; hysteria and muscular affections are likely to ensue and the prognosis becomes highly unfavorable.

The Action of Morphine on the Leucocytes.

At a recent meeting of the Societe Medicale des Hopitaux (Paris) Doctors Achard, Benard and Gagneux discussed this question. Morphine injected hypodermically lowers the resistance and activity of the white cells; but the decline is only temporary. This may also be seen in vitro with saline solutions containing very small amounts of morphine. Those of the cells which have previously imbibed yeasts, the vacuoles of which have been colored with neutral red, discharge them under the influence of the alkaloid.

In a subject accustomed to morphine the leucocytes are less sensitive to the poison in vivo than in vitro. It is possible to measure this sensitiveness in vitro by placing the leucocytes in a series of test tubes containing solutions of morphine in decreasing quantities. The percentage which permits of the minimum activity gives the measure of the sensitiveness of the white cells to the morphine.

It was found that in young children, who do not tolerate morphine as well as adults, the leucocytes were much more sensitive to the alkaloid.

The tolerance of the leucocytes is lost some time after suppressing the poison. In an asthmatic whose leucocytes remained slightly sensitive to morphine fifteen days after discontinuing the hypodermics, the sensitiveness became normal at the end of a month.

Heroin produces effects on the leucocytes comparable to those of morphine, but it leaves a normal sensibility to morphine, and vice versa. The reaction is specific notwithstanding the close chemical relationship between the two alkaloids.

To sum up this leuco-diagnostic reaction permits of the recognition of morphinism, the superintendence of demorphinisation and the distinguishing of heroinism from morphinism.—Exchange.

Alterations in the Blood in Intoxications.

Nicolla and Saverio say that in the infections there is an increase in the leucocytes, especially the polynucleates. The researches up to the present day in this direction have included only the infections, and not the other intoxications. There is a large group of substances of an intoxicating nature that are formed within the body and which produce similar symptoms. The authors have made experiments on these substances, producing intoxications in animals by means of them, and then making blood counts and tests. The substances thus tested are

acetone, indol, phenol cresol, and one other substance ethylic alcohol. The results found are as follows: these substances produce marked changes in the blood; only acetone has a direct action on the red blood globules producing hyperglobulia; the others diminish the hemoglobin in the blood; all cause hyperleucocytosis and polynucleosis; the lymphocytes are constantly and markedly diminished; the large mononuclears and eosinophiles are also increased; acetone causes presence of medullary cells and myelocytes. These substances have a chemiotactic action on the white globules similar to that of the infective toxins; here the polynucleated neutrophiles pass out of the medulla of the bones and get into the circulation. A phase of hyperactivity of the osseous medulla is shown by the presence of medullary cells, myelocytes, and normoblasts.—Giornale Internazionale delle Scienze Mediche.

Miscellaneous.

Examinations for Lactose in the Urine During Pregnancy.

E. Gerard and M. Oui review the communication in which Porcher states that lactose may be found in the urine of most women in the few days or weeks before labor takes place. The authors, in order to get results confirming or against this statement, made 170 examinations of urine in 44 women at different periods of pregnancy. Three cases were thrown out as unsuitable, and of the remaining 41, the urine of whom was tested in the last few days before labor, they found lactosuria in only five, that is 12 per cent. Their results are very different from those of Porcher, lactosuria being in their observation much less frequent than that author found it to be. Out of these five cases lactose was in small amount and found but once in each case, the largest amount appearing in a woman who did not nurse her child.—E'Echo Medical du Nord.

Contribution to the Treatment of Scoliosis Automodeleur of Menciere with Pneumatic Pressure.

Louis Menciere presents a new apparatus for the treatment of scoliosis, in which the thorax is so pressed upon by pneumatic cushions during respiratory gymnastics that its normal shape is gradually regained. He makes use of passive measures consisting of redressement force, manual or instrumental, mobilization of the spine, and mechanotherapy. To this he adds modeling of the thorax during respiration as active measure. His apparatus is prepared for each individual case, a cast of the thorax being made from which a positive is made with pneumatic cushions placed over the prominent parts of the deformed thorax, and over the depressed portions spaces are provided intended to allow of increase in size as the thorax expands. When deep inspirations are made the pressure of the elastic inflated pneumatic cushions connected with a compressed air apparatus pushes in the prominent portions, while the depressed portions tend to expand into the space allowed on the opposite side. The head is fixed by a head sling suspended from the ceiling. Another exercise is given in the same position with the child exercising the arms and shoulders by pulleys. A third places him in a sitting position while the apparatus is in position and allows of exercise by lateral pulleys. During the exercises the apparatus follows the movements of respiration, the partially ankylosed costo-vertebral joints are limbered, and the unused portions of the lungs are inflated. All the exercises should be carefully supervised by the physician.—Archives Provinciales de Chirurgie.

Pelvic Hematoma of Ovarian Origin.—

Lockyer (Medical Press and Circular) reports three cases of pelvic hematoma of ovarian origin: Case 1. A healthy young woman was taken ill with diarrhea and abdominal pain. This began in the morning and became worse by night. The pulse was 100 and the temperature 99.5°. The next evening the pain was worse, the pulse rate had increased to 120 and the temperature was 100°. The following day there was some general tenderness and distension of the abdomen. Nothing could be felt per rectum. When seen by her physician a diagnosis of appendicitis was made. After making an incision outside the right rectus muscle, which revealed the presence of merely a little clear fluid, the abdomen was opened again by a paramedian incision and an hematocele was exposed. The left Fallopian tube was a little red and the ampullary end somewhat swollen. The orifice was patent, but not large, and no blood could be squeezed from it. The left ovary was represented by a thick-walled (⅛ inch) ruptured collapsed cyst and was surrounded by clot. It and the right ovary, which was a mass of small cysts, were removed. The patient made a good recovery. Case 2. A single young woman was seized while at a dance with pain in the right iliac region. The pain continued, but became rather less until the following morning, when it re-

curred severely. She was seen by her physician who found her looking very ill with a rapid feeble pulse, and considerable tenderness over the right iliac region. In the afternoon of the same day the pulse rate was 120 and the temperature 99°. No pelvic evamination was made, but a provisional diagnosis of early appendicitis was come to. An incision outside the right rectus muscle revealed a mass of clot in the position of the right ovary. Through a paramedian suprapubic incision about one pint of recent blood clot was removed. The right ovary was adherent to the pelvic wall in the normal position and was surrounded by blood clot. On its anterior free surface there was a rent in the wall of a cyst. The tube was apparently normal. The left ovary contained a small sized cyst. This was opened and its lining membrane removed. The patient made a good recovery. Case 3. A married woman was admitted into Charing Cross Hospital and operated upon as an emergency case. She had been married eleven years and had three children. At the time of operation she was in shock as a result of repeated recent hemorrhages. The abdomen contained a large quantity of fluid blood. The left tube was ruptured in its outer half and adherent to it was a mass of blood clot. The tube and ovary were removed and the patient made a good recovery. She was again admitted 16 months later, complaining of pain in the right groin. On the morning of the 18th her menstrual period started and on the evening of the same day violent pain in the right groin set in which continued until the evening of the following day. The period ceased the afternoon of the day it commenced, but began again five days later. The loss was slight, but offensive, and continued for six days. On examination the uterus was found anteverted, and there was a round, hard body the size of a cricket ball to its right in the pouch of Douglas. Five days after admission the abdomen was opened and the pouch of Douglas was found to be partly filled with blood; the right ovary was distended with clotted blood and presented a large rent on its surface. The tube was intact, but its fimbriated end was closed. The case was regarded as one of ovarian gestation, and the parts removed were submitted for examination. A careful examination of the ovary showed no signs of gestation. A section of the cyst wall showed the lutein convolutions of a mature follicle still in situ. There was extravasation of blood into the stroma of the ovary, into the theca interna, and into the lutein convolutions, while engorged capillaries filled with red discs could be seen in the delicate connective tissue which keeps thelutein convolutions together.

Gastric Ulcer in Childhood.—Kaufmann (The British Medical Journal) deals with the subject of gastric ulcer as it occurs in the later years of childhood, and describes three cases in which during the last eighteen months he has carried out a strict gastric ulcer cure. In none of the cases was the presence of gastric ulcer a matter of absolute certainty, unless the symptoms and the prompt result of the "cure" be accepted as proof. The first case was that of a boy nine years of age, who had suffered for weeks from abdominal pain localized at the pit of the stomach, and associated with the taking of food. There was no vomiting, pain on pressure, or increase of free acid, but the symptoms resisted all treatment for weeks. A typical ulcer "cure" was instituted, and a permanent recovery speedily followed. In the second case, a boy 11 years of age, severe pain in the stomach was present both before and after food, and had resisted medical treatment for months; the result of the ulcer "cure" was as striking as in the last case. The third case was that of a girl 10½ years old, in whom the symptoms had persisted for a year. Whether ulcer was or was not present in these cases, the fact remains that the ulcer "cure" was the only one which succeeded in removing the symptoms; and the author recommends that for children with obstinate stomach symptoms there should not be too long delay in embarking upon such treatment. The writer believes that in adults doctors in general practice are too slow to consider a case one of gastric ulcer unless hematemesis occurs or blood is present in the stools. In carrying out a cure Kaufmann would insist upon at least four weeks of absolute rest in bed, with at least two further weeks before work is resumed. For the first eight to fourteen days he gives only milk mixed with cream, or in some cases milk mixed with the sterilized creams which have a higher caloric value. Meat may sometimes be begun during the fourth week, although it may be well to wait longer, especially if the acid estimations are high. The special points of emphasis are: more frequent, longer, and more rigid gastric ulcer "cures."

Malignant Tumors of the Placenta.—Brindeau and Larrier (L'Obstetrique) group all the tumors of a malignant nature which follow a pregnancy and in which one finds the characteristic elements of placental tissue. Such a tumor may develop either in the organ in which the ovum is primarily fixed, or in a tissue to which the placental elements have been carried as emboli. It

is evident, therefore, that these authors are considering the tumors usually denominated in this country chorion-epitheliomata or deciduomata maligna. They regard them as originating in the ectoderm of the villi, and as being of fœtal origin. They look on the name malignant placentoma as too comprehensive, whilst plasmodial carcinoma is too narrow and also inexact; and they think that placental carcinoma is to be preferred because it takes account only of the malignant nature and diffusion of the growth. Commonly it is situated primarily in the walls of the uterus, more rarely it develops in the para-uterine organs. In some cases it seems to form from the extra-ovular placental ectoderm after a normal pregnancy; but generally it is only what one may call an intra-maternal graft and an extension of the placental epithelioma, usually known as a hydatidiform mole. Some of the cells of the placental carcinoma are morphologically allied to those of Langhans's layer and others to the plasmodium; but they differ markedly from the normal cells of the placental ectoderm. These cells retain the general physiological aptitudes of the normal elements from which they are derived, but these characters assume a monstrous form. Brindeau and Nattan-Larrier regard a molar pregnancy as a true cancerous pregnancy, which sets up in the uterus a series of cancerous fœtal grafts, just as a normal pregnancy sets up a series of normal cellular grafts. Both cases evolve in the same fashion; but in the normal pregnancy the physiological cellular grafts do not tend to invade the tissues, they rapidly show senile changes, they are disseminated to distant parts without multiplying there, and they have no power of building up new tissues; whilst in the placental carcinoma the cellular grafts have the power of invading the tissues, of growing, and of reproducing and reconstituting pieces of placental ectoderm of an abnormal type. In the former case the maternal organism appears to be able to destroy the grafts by degrees, whilst in the latter case the cells of the grafts have so marked a vitality that the maternal tissues degenerate, and are destroyed by contact with them. These conclusions are of considerable importance from the standpoint of the origin and meaning of malignancy.

Treatment of Uterine Fibromata During Pregnancy.—Kufferath (Jour. Med. Brux) mentions his views as follows: Uterine fibromata should only be treated if they exercise a deleterious influence upon pregnancy. Their tendency during this period is to enlarge, become softer and somewhat edematous, but rarely to break down. The size and position of the fibroid is especially to be considered, the most dangerous being those which are submucous. The growth may result in interruption of the pregnancy and dangerous hemorrhage, or in hemorrhage without abortion, which is quite rare, in retroflexion or retroversion, violent pain, localized peritonitis, symptoms of compression, abnormal positions of the fetus, rapid emaciation and cachexia. The treatment, if required, varies greatly. Artificial termination of the pregnancy is often very difficult and sometimes necessitates total removal of the uterus. Early delivery should be resorted to only in the presence of severe dyspnea. In general, any active treatment should be refrained from during the pregnancy if its course is normal. Operation upon fibromata is to be avoided at this time. On the other hand, intervention is necessary if complications exist. Fibroids of the cervix should be removed if they give rise to suppuration or hemorrhages. Large growths should be extirpated if they greatly increase the dangers of delivery. An attempt should always be made at first, however, to so displace the mass that the symptoms of compression are more easily borne. If this is impossible, however, laparotomy must be resorted to, proceeding as conservatively as possible. Total extirpation of the tumor is preferable to the Cesarean operation, because the presence of the growth prevents the drainage of secretion. If the fibroid, however, is inoperable, recourse may have to be had to Cesarean section, removing at the same time the ovaries, so as to prevent subsequent pregnancy.

A New Sputum Test.—Falk and Tedesco (Wien. klin. Woch.) have proposed a method for differentiating disease processes limited to the bronchial mucosa from those which have extended to the lungs. Their method is based on the fact that salicylic acid, present in the blood, appears in inflammatory exudates, but is not excreted by the bronchial mucosa. Patients with expectoration are given 2 grams of sodium salicylate. The sputum is collected for the next twelve to fifteen hours and examined as to its content of the drug in the following manner: The entire sputum, slightly acidified, is thoroughly shaken with five times its volume of 96 per cent. alcohol. Albumin and mucous-forming bodies are precipitated in coarse flocculi and removed by filtration, since they contain none of the salicylate. The clear filtrate is rendered slightly alkaline and evaporated on a water bath; the residue is dissolved in water, slightly acidulated, and sugar of lead added. The precipitate is removed by filtration, the precipitate being washed, and the acid filtrate is extracted with ether.

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A Simple and Efficient Operation for Hemorrhoids.

Parrit, in The London Medical Lancet, says that the sphincter having been stretched one of the hemorrhoidal masses was seized with vulsellum forceps and pulled well out of the anus. It was encircled with a loose purse-string suture of fine Pagenstecher's thread. Above the purse-string suture entered the healthy rectal mucous membrane beyond the hemorrhoids; below it took up that just within the anus; whilst at each side it was inserted far enough apart to allow the blades of the crushing instrument to grasp the base of pedicle of the pile seized. It is essential that the pile be pulled well down. As soon as the purse-string suture is placed the base of the pile is crushed. Parrit used a Corner's appendicectomy clamp, but a pair of hemostatic forceps with blades long enough to overlap the base of the pile would be suitable. When the clamp is released a broad flat layer of crushed tissue connects the pile pile with the rectum. The pedicle is now folded once upon itself by giving a half-turn to the pile, the clamp is re-applied, and the crushing is repeated. When the clamp is removed something like a pedicle has been made, but another half-turn, followed by another crushing, leaves nothing more than a fine pedicle of crushed tissue. This is tied with a fine ligature beyond the clamp, and the clamp is finally removed. The pile is then snipped away through the crushed pedicle. The stump of crushed tissue with the ligature upon it is then buried by drawing tight and tying the purse string suture already inserted. Other portions of the mass are isolated and removed in the same way.

Acidum Sulphuricum Dilutum in the Treatment of Carbuncles.

Drs. R. J. and J. Reynolds employ internally large doses of dilute sulphuric acid in staphylococcic infection of the skin and subcutaneous tissues, as in carbuncles and boils. To be effective, large doses of 20 to 30 minims, well diluted with water, should be taken regularly every four hours. If a case of carbuncle be treated in this way, it will be noticed that after the first twelve or eighteen hours the affected area becomes distinctly circumscribed, and the lesion ceases to extend, softening of the tissues in the affected area rapidly takes place, and pus is discharged, healthy granulations commence to form at the base and the process of repair goes on uninterruptedly. It is quite unnecessary to cut or to interfere with the part in any way, except perhaps to apply some antiseptic dressing, such as carbolized vaseline (1 to 40) on lint. For many years now they have treated all such cases by this method, and it has never once failed them. It seems a very simple way of dealing with this affection, and they claim that it does not disturb the patient's digestion or cause any inconvenience in any way. The treatment should be continued for at least a fortnight after the lesion has disappeared. It is obvious that quinine, strychnine, and other tonics can be given in combination with this remedy when occasion demands it, but, whenever possible, they have given the dilute sulphuric acid alone, simply diluted with plenty of water, in order that they might have no doubt sa to which drug they could attribute the result. It may be observed that the class in which this treatment has proved so efficacious have been uncomplicated by other diseases such as diabetes, etc.—British Medical Journal.

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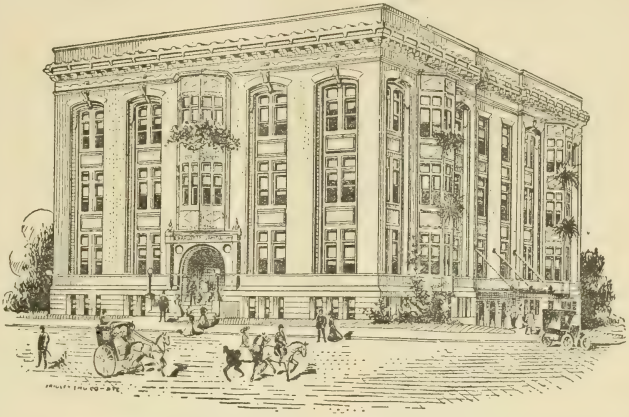

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Sir Eldon Gorst, in his report as British agent and consul general, remarks: The Egyptian University was inaugurated by the Khedive in December, 1908. The chief practical objects to which its efforts are at present directed are to form a professional body capable of lecturing in Arabic on the principal sciences taught in Europe, and to bring before the Egyptian public the latest developments of science and literature in Europe. Of the 754 students originally entered 678 were Egyptians, of whom 508 were Mohammedans; among the students were 31 women. The income of the university during the year was £E27,000, of which amount £E16,000 was provided by private generosity. During the past year 50 students joined the school and 7 obtained their diplomas—4 in medicine and 3 in pharmacy. There are now 160 students in attendance. Owing to this large increase, the staff finds great difficulty in carrying on the work efficiently, and when the next budget is prepared this question will require careful consideration.—British Medical Journal.

Hookworm in Virginia.—Examination of school children in Emmerton, Va., only a few miles from Washington, has shown that 37 of the 39 pupils were harboring the hookworm.

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The Blood Pressure in Anaesthesia.—Guy, Goodall and Reid (Edinburgh Medical Journal) in a recent article upon variations in pressure during anæsthesia leads the way to observations which may influence the technique of surgical operations. The objects of the research were: (1) to observe and compare the effect of the administration of various anæsthetic agents on systolic pressure; (2) to note any variations in the effect produced by different methods of administration, and (3) to ascertain the conditions favorable to the production of the minimal disturbance of systolic pressure during the induction of anæsthesia. The following mentioned agents were employed: (1) chloroform; (2) ether; (3) nitrous oxide, (*a*) rebreathing, (*b*) with valves, (*c*) preceded by oxygen; (4) nitrous oxide and ether in sequence; (5) ethyl chloride; (6) gas and ethyl chloride in sequence; (7) oxygen, gas and ethyl chloride in sequence.

In chloroform anæsthesia the inhibition of the heart is well known, particularly when the administration is rapid and concentrated. There was complete absence of rise in pressure, possibly because there was no excitement or struggling on the part of the animals observed. The tables shown give strikingly the fall of pressure brought about by chloroform *per se*, by depression of the cardiac muscle, by dilatation of the vessels or by both. Nitrous oxide was administered in two ways. First, valves were used, the patient inhaling the gas and exhaling through valves, so that in a short time the residual air was washed out by gas, and he was temporarily deprived of air. When nitrous oxide was administered by "rebreathing," a two gallon bag was filled with gas, and the patient breathed in and out of this bag. With both methods there was considerable rise in blood-pressure. When nitrous oxide rebreathing was preceded by oxygen the maximum rise in pressure was fifteen per cent. and the average maximum increase was only three per cent. When gas and ether were employed, the nitrous oxide was inhaled for twenty-five seconds, and the ether for from twenty-five to fifty seconds. There followed a constant and nearly uniform rise in pressure. This was due to stimulation of the heart, and apparently, also, to a certain amount of vaso-constriction. The general effect of ethyl chloride anæsthesia was a lowering of the pressure, which increases with the dose, and may reach a dangerous degree. If gas be added to the ethyl chloride the depressive effect is entirely eliminated, and its subsequent administration is much safer. The combination of oxygen, gas and ethyl chloride exerts a remarkably steadying effect on the blood pressure, and the investigators direct attention to the absence of asphyxia and the value in safety of this method of anæsthesia.

The following conclusions are stated:

(1) There is no practical difference between the available anæsthesia brought about by nitrous oxide when rebreathing is allowed, and that available when nitrous oxide is given with valves, but the effects of asphyxia are much more marked in the latter method.

(2) The asphyxial element present in the rebreathing method can be avoided by the previous inhalation of a gallon of oxygen, but the period of available anæsthesia is often shortened a few seconds.

(3) Ethyl chloride causes marked disturbance of the circulation, and in large doses may bring about a dangerous fall of systolic blood-pressure by inhibition of the heart.

(4) This fall is prevented by the previous inhalation of gas, the effect then being a constant rise, probably, in part at least, due to asphyxia.

(5) The slight asphyxial element in gas and ethyl chloride anæsthesia can be eliminated by the previous administration of a gallon of oxygen without any shortening of the period of available anæsthesia.

Renal Decapsulation in Eclampsia.—Kehrer (Zeif. f. Gya., u. Urol.) collected and analyed all cases of eclampsia treated by renal decapsulation of Edebohls, and arrives at the following conclusions:—(1) Decapsulation is misapplid when employed in eclampsia during pregnancy. In such cases the detoxinizing therapeutic measures and *accouchment force* are indicated. (2) According to our present knowledge decapsulation is indicated in those severe cases of puerperal eclampsia in which the kidneys are involved which in spite of delivery, venesection and application of all other measures known to stimulate the excretory organs, the attacks grow worse and the general conditions become aggravated. In such cases only a few hours should be allowed to elapse before decapsulation is performed. (3) Edebohls operation excites increased urinary and urea excretion and a simultaneous increase of excretion of eclamptic toxin in the circulating blood. (4) The success of the decapsulation rests in the increased diuresis which is a physiological and not an anatomical result, the anatomical basis for operation on which Edebohls, Frank and others, rely, namely, development of vascular anastomoses between the renal surface and the adipose capsule, does not exist. (5) The improvement in the albuminuria, hematuria and cylindruria occurs synchronously with in-

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creased diuresis, or soon follows. The disappearance of these signs depends directly on the degenerated condition of the renal parenchyma at the time of operation. This explains why chronic and suddenly inflammatory processes are little or not at all affected. (6) The precise indication for operation and the further study of the influence of the decapsulation on the activity of the kidney and the entire organism depend on most careful functional tests of the kidneys. Microscopic examination of the excised pieces of kidney and comparison with the functional tests before and after operation may also serve to fix accurately the time when decapsulation should be done. It may be possible to ascertain in this way whether in all cases in which indication for decapsulation is recognized bilateral operation is necessary or whether unilateral decapsulation suffices. The effect of massage of the kidney should also be studied experimentally. (7) In Edebohls renal decapsulation of the kidneys we seem to possess a remedy in severe cases of eclampsia, and there is a hope that a portion of the 20 per cent. of cases of eclampsia which do not improve after the uterus is emptied, or those which occur thereafter, may be cured by renal decapsulation at the proper time. The cases of degenerative changes in other organs, particularly of the liver and the heart, cases of pulmonary edema, and of hæmorrhages in internal organs remain hopeless. The future will show whether renal decapsulation is justifiable or whether later renal function is impaired by enclosure of the kidneys in inelastic connective tissue bands.

Surgery of the Lymphatic System.—Handley, in The London Medical Lancet, says that the only difficulty in femoral drainage is that of finding the femoral canal. The tense abdomen bulges downward over Scarpa's triangle, and the canal itself appears to be drawn up under Poupart's ligament by the tension of the peritoneal fluid, and perhaps by contraction of the peritonæum from chronic inflammation. The writer has found the following to be the best method: The special instruments required are a large sized curved trocar and cannula, and a long blunt pointed seeker, curved so as to pass through the cannula. Tap the peritoneal cavity in the middle line about two inches above the pubes. Withdraw the trocar and insert the long seeker through the cannula, which it fits fairly closely. Next by a flap incision with its convexity directed outward expose the region of the femoral ring. With the aid of the seeker find the situation of the femoral ring and push the seeker into it, thus making the femoral canal bulge into the floor of the femoral wound. With two artery forceps seize the peritonæum of the femoral canal on either side the point of the seeker, and with a pair of scissors freely divide the peritonæum between the forceps. A certain amount of ascitic fluid escapes, but care should be taken not to empty the abdomen. Now introduce two sutures, one on either side of the opening, each taking up the peritonæum, and passing through Poupart's ligament. The sutures when tied serve to secure the patency of the new opening. Finally, suture the skin incision. Among five cases of femoral drainage for ascites which have been operated on at the Middlesex Hospital by the author one case must be excluded as due to carcinoma. Two of the remaining four patients were cured, while in the other two cases the course of the disease was unaffected, or influenced, if at all, in a favorable direction. These results in the case of a disease which is almost uniformly fatal are striking enough. It is probable that, whatever method of drainage is employed, there will be a not inconsiderable percentage of failure, for in some cases the ascitic fluid seems to be poured out in a cataract with which no drainage channels can be expected to cope. Thus, in one of the cases 784 ounces of fluid collected within three days of paracentesis, a quantity which would appear beyond the carrying capacity of the absorptive vessels.

Studies of Diarrhea in Infants.—Elie Metchnikoff has made a study of the causation of diarrheas in infants, by inoculation of rabbits and chimpanzees with the fecal material of an infant sick with cholera infantum. These animals contracted a diarrhea similar to that of the child. In the feces he found that the germ most frequently present was the proteus, which is well tolerated by adults, but causes diarrhea in infants. He believes that is is this organism that causes summer diarrheas. As to how the child becomes infected he shows that the organism is selimportance. But it is found on all fruits and vegetables that are exposed to the open air, on cheese, and the upper layer of meats. Flies take a great part in conveying the germs to food. The preventive measures are the washing with boiling water of all fruits and vegetables, and the careful cleansing of the hands before handling food. The destruction of flies and municipal sanitation are important.—Gazette Medicate de Paris.

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Treatment of Colitis.

Hawkins, in opening a discussion on colitis before the Medical Society of London, England, said that the disease presented a wide range of severity, varying from a few days of mild diarrhea to a violent hemorrhagic diarrhea approaching in severity to tropical dysentery, and ending fatally in a few weeks. In considering the effect of treatment, it must be realized how often a short, severe attack with profuse hemorrhage might subside under almost any treatment, and yet if followed up would be found to recur and prove fatal. Caution was necessary, therefore, in recording cures. He had seen good resulst from the Shiga-Kruse serum of the Lister Institute, and he would certainly use it in all acute cases with hemorrhage. He had heard of cases in which improvement or cure had been attributed to a vaccine of the patient's bacillus coli or coliform bacilli, but in a considerable number of his own cases he had never seen any result. Much could be done towards cleansing the bowel, and appendicostomy-flushing had great advantages over rectal irrigation.

In the various forms of ulcerative colitis he used normal saline, boric acid, hydrogen peroxide, silver nitrate, and adrenalin. In some cases, however, he had no doubt that a right colostomy afforded the only chance of saving life. In recommending this, one must be guided by an estimation of the gravity of the condition, and it was very easy to be too late. He thought it must be recommended in spite of the probability that the use of the colon would never be regained. He had had only one permanent cure after colostomy and subsequent closure of the opening. He had seen a few cases in which removal of the appendix might perhaps have ended the colon disease.

Dr. Hawkins has used sour milk in all ways—by mouth, as an irrigating solution, through an appendicostomy and per rectum, and he never has seen any result. However, he believes it a wholesome diet. As regards drugs, he uses nothing but calomel and opium, combining them in various proportions according to the severity of the case and the result obtained. It is remarkable how well the calomel is borne for long periods of time.—The London Medical Lancet.

Adrenalin in Caesarian Section.

Bogdanovics (Orvosi Hetilap.) operated on a primipara, aged thirty-one, anxious to have a child. The pelvis was rachitic and flat, the conjugate 8.8 centimeters. The soft parts were rigid and unsuited for extraction after symphysiotomy. Cæsarian section by transverse fundal incision was performed. The child was delivered alive. After the uterine wound had been closed, a disk of 1 cubic centimeter of a 1-in-10,000 solution was divided into four portions and injected into different parts of the muscular wall of the uterus, as atony was extreme. Immediately after this injection the uterus became as hard as stone. The puerperium was normal. Bogdanovics found by this experience that Neu was correct in his recommendation of adrenalin preparations for uterine inertia, particularly in Cæsarian section.—British Medical Journal.

Considerations on the Technique of the Conservative Cesarean Section as Practiced after the Old Method.

Couvelaire has performed fourteen Cesarean sections and observed all the sections made at the Baudeloque since 1901, and on these bases his opinions on the technique of this operation. To secure hemastasis it is not necessary to throw around the uterus an elastic ligature; we may depend on the tonic muscular action of the uterus itself, fortified by a preventive dose of ergotin, given hypodermically just before the operation. In case of atony a careful hemostatic suture is important, which will coaptate the entire thickness of the uterus, and be solid enough to resist powerful uterine contractions. Hemostasis should be so perfect as to render abdominal drainage unnecessary, but uterovaginal drainage should be provided for. The inclined position and exteriorization of the uterus should be provided, for protection of the field of operation. Only a careful selection of cases will provide against autoinfection. The section leaves behind it a cicatrix, which is always a weak point. We cannot depend on its holding in a following labor. The conservative section demands in most cases prevention of repeated labor by sterilization.—Annales de Gynecologie et d'Obstetrique.

The Work Cure in Tuberculosis.

Dumarest contrasts the rest cure, so frequently used in tuberculosis, with the newer method of treatment used in England, which may be called the work cure. In some English sanatoria a system of graduated labor is made use of, originated by Paterson, which has been quite successful. In applying this system we think less of the physical signs than we do of the general condition of the patient. When a patient shows fever he is put to bed until this has passed away. After this he is given a small amount of labor equivalent to the lifting of a certain amount of weight. As he is able to do this it is gradually increased. The work is, as far as possible, performed in the open air,

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being for the men gardening, carpentering, painting, wood-cutting, etc. All these trades are carried on so as to be of value in the maintenance of the sanatorium. The women cultivate garden vegetables for the table, and care for poultry. The coming on of slight fever in such persons is considered a favorable sign rather than otherwise, and as indicating the formation of a power of resistance to the disease. It is a reaction such as occurs when tuberculin is injected. Under this system 80 per cent. of the patients are cured. Work is considered a part of the cure, and those who are not willing to perform it are not admitted to the sanatorium.—Le Bulletin Medical.

Subcutaneous Traumatisms of the Kidneys.

When the kidney is subjected to a severe injury its true capsule, according to Noever (Ann. de la Soc. Belge de Chir.) is almost invariably ruptured, and an extravasation of blood, and possibly of urine, takes place into the fatty capsule, which, as a rule, remains intact. Usually the hæmorrhage soon ceases, but if a large vessel be torn, an enormous hæmatoma may form. The fate of the resultant perirenal hæmatoma is very variable. In many cases it becomes gradually organized, and spontaneous cure results; in others it becomes infected and a perirenal abscess follows; whilst in a considerable number of cases it persists, and, acting as a foreign body, excites an inflammatory reaction in the surrounding tissues, with the formation of adhesions to the diaphragm, peritoneum, and colon. If the extravasation following the injury be chiefly urinary, a traumatic pseudocyst forms, and this may rupture at a later date into the pelvis of the kidney, or if the ureter be occluded, may persist, as occurred in a case recorded by Noever.

Whatever be the nature of the effusion, early operation should be undertaken, and the operative measures should be as conservative as is possible, the ruptures in the kidney being sutured; and even when a portion of kidney is torn off, the hæmorrhage may be arrested by sutures traversing the parenchyma. In operations carried out some weeks after the injury, anything more radical than simple evacuation of the partly organized blood-clot is inadvisable, owing to the extensive and dense adhesions which are always present in such cases.—Edinburgh Medical Journal.

Collargol in Septic Infections.

Albrecht, in a paper read before the Munich Gynecological Society, critically reviews the therapeutic significance of collargol, as shown by forty-five cases treated at Second Gynecological Clinic in eighteen months, and representing a great variety of septic infections. Of the four modes of administration—by inunction, per rectum, intravenously, and per os—the author recommends only the gradual intravenous injection of 1 to 2 Cc. of 5-10 per cent. suspensions. He considers collargol a valuable therapeutic agent in cases of septicemia and pyemia of medium gravity; in severe resorptive fevers, accompanied by obstinate and enduring toxanemia, more particularly in all such cases, where in spite of local treatment and apparent localization of the infective process, unchanged high temperature and pulse indicate the presence of a deep-going tissue involvement and a progressive surcharge of the blood with toxins. In these cases the reaction is prompt and distinctive.

According to the author, collargol should be given a trial in all cases of puerperal infection, because it is impossible to diagnose the gravity of the infection at the beginning, and also on account of the prompt reduction of temperature and improvement of the general condition which it brings about. In very severe bacteriemiæ, in purulent peritonitis, parametritis exsudativa, and in virulent localized suppurations, collargol in acute cystitts and in pyelitis, as well as the proved innocuousness of the product. He does not ascribe antibacterial action to collargol, and questions its leucocytogenetic properties, but believes that its efficiency is due to a catalytic action, consisting of ready absorption, accelerated oxidation, and consequent decreased virulency of the toxins.—Muench. med. Woch.

Treatment of Endometritis.

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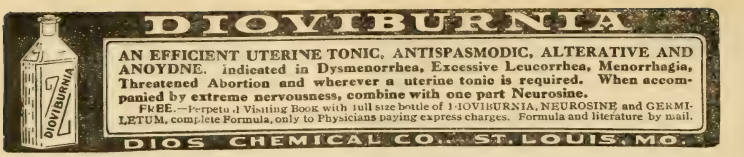
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ful asepsis in all manipulations about the female genital tract. When endometritis, however, is fully developed, the patient should be put to bed, with an ice-bag upon the abdomen. Good food, moderate quantities of alcohol, cool baths, antipyretics, and proper nursing are often the only means of treatment at our disposal. A single uterine douche with hot, 50 per cent. alcohol, and cleansing vaginal douches constitute the local treatment. The use of serum has thus far proved a failure, and the question of panhysterectomy has not yet been decided.

In the saprophytic type of endometritis, the retained tissues are best removed with the fingers and with uterine douches. The prognosis here is much more favorable.

Gonorrhoic endometritis is generally localized in the cervix. During the acute stage, all interference is contraindicated, while later zinc chloride douches (zinc chloride and water, equal parts; of this, one tablespoonful to a quart of water), two or three times daily, are best.

Tuberculous endometritis is usually part of a more extensive affection, and calls for cleansing douches and constitutional therapy. Diphtheritic endometritis is seen very rarely, and only during the puerperium, and calls for injections of antitoxin.

In the chronic endometritis of anemic and nervous women, local treatment is often injurious. Such patients often do best with warm plain or carbonated baths, rest in bed, strengthening food and tonics. The bowels also need careful attention. When there is much involvement of the cervix, astringent or alkaline douches (1 teaspoonful of soda to the quart, 1 teaspoonful of alum to the quart) may be taken two or three times daily in the recumbent position. Very often the application of pyroligneous acid through a speculum will do good. Considerable palliative effect may be obtained from glycerin or ichthyol tampons. Preparations of yeast or bolus alba are recommended where their is much leucorrhea; the former are good, particularly in acute gonorrhea.

The effect of internal drugs is slight, but one of the various styptics (stypticin, etc) may be tried to control the bleeding. When little is accomplished by such palliative methods, Birnbaum recommends dilatation and scraping of the womb. Directly after the operation, and then every second to fifth day the interior of the womb is cauterized with tincture of iodine or 20 to 50 per cent. formalin solution. Prior to the application, the interior of the womb is dried with alcohol. Electricity, massage, and Bier's treatment are usually without effect.—Therap. Monatshft.

Treatment for Pinworms.

According to W. Zinn, pinworms frequently penetrate the mucous membrane of the intestines, where they eventually form calcareous nodes. It is also likely that many cases of appendicitis are caused by these parasites, though this applies only to the milder cases of childhood. As the fertilized female wanders out through the anus, intense itching results. The eggs will readily be deposited on the fingers and under the finger-nails, and reinfection is thus likely. Often all the members of one family will be infected.

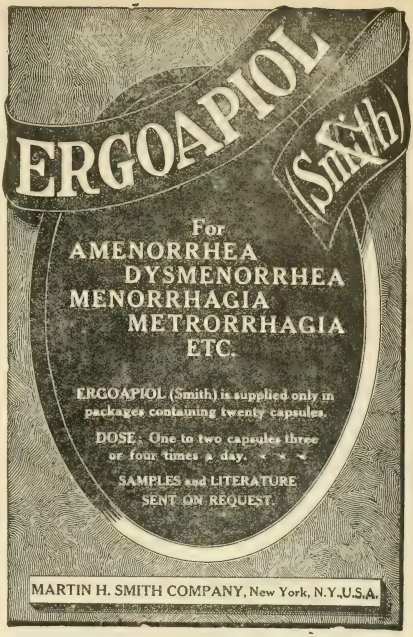
The following treatment is recommended (doses for adults): First day, fluid or semi-solid diet; at 3 o'clock calomel and jalap, of each 0.5 Gm. (7½ grn.); at 6 o'clock a soap enema, warm, 1 to 2½ quarts. Second day, fluid diet, with two to four buttered rolls, and in the morning one cup of black coffee. At 8, 10 and 12 o'clock a powder containing santonin 0.05 Gm. (5-6 grn.) and calomel, 0.1 Gm. (1½ grn.) At 2 o'clock 1 oz. of castor oil, to be repeated, if necessary, at 4 o'clock. Third day, fluid and soft solid diet; in the morning a warm bath. In the morning and afternoon an enema of 1 to 2½ quarts of 0.2 to 0.5 per cent. solution of green soap. Fourth and fifth days, as above, with a warm bath in the evening. Before meals and after stools the hands should be carefully disinfeuted. After the cure, the linen and bed sheets should be changed. The cure is best carried out in a hospital, where a careful control is possible. Instead of soap, one of the anthelmintics, such as extract of male fern, may be used in the enemas.—Therap. Monatshft.

Mechanism of the Biological Action of the Rontgen Rays.

Vittorio Maragliano says that the x-rays exercise their action on the living cells and tissues on account of the amount of the rays that are absorbed, and of those that simply pass through them. The author bases this assertion on his experiments on animals and on physical and biological facts. The photographic action of the rays is not in direct relation with the rays absorbed by sensitive emulsion. They have a deep as well as a superficial action. Some of the deeper organs are more opaque and absorb a larger amount of rays and react before the superficial ones. The filtered rays act less energetically than the unfiltered ones in animals. These reasons show that the total amount of irradiation which passes through the tissues acts on them, and not solely the rays that are absorbed.—Giornale di Electricita Medico.

A Law Suit That Failed.

In the current issue of the California State Journal of Medicine, there appears a very interesting article written by Dr. Henry J. Kreutzmann, of San Francisco. The Doctor gives in full details the treatment he administered to a patient named Mrs. Bailey; and then he tells of the court proceedings had, in which she sued him for large damages for alleged malpractice. She fell into the hands of Philistines. Lawyers got hold of her who wanted to make some easy money. A Mrs. Doctor Edson was a star witness for the plaintiff. She was a specialist. Her sign board indicated that she treated specially (!) "Diseases of Women; Nervous Diseases; Eye, Ear, Nose and Throat; Diseases of the Rectum; Electricity." She admitted on the stand, where she posed as an expert, that she had never performed a surgical operation; that she did not believe in surgical operations for women; and yet she was permitted to testify as an expert in gynecology in the California courts. One sad sight was to see Dr. Carl von Hoffman, Professor of Obstetrics and Gynecology of the University of California, join hands with the despicable crowd that sought to recover money from Dr. Kreutzmann. The defendant had two trials. The first resulted in a disagreement of the jury. The second trial resulted in a decision for the defendant. But an appeal was taken to the appellate court, and a new trial was ordered. That was six years ago. Up to date the defendant has expended over $4000 defending the case, which he characterizes as clearly one of blackmail. Probably the end has come. The lawyer who brought the suit, belonging to the gang of San Francisco ambulance chasers, is dead. Mrs. Dr. Edson is dead. The case has laid dormant for six years. It is an example of the wrongs to which conscientious surgeons are liable, as anyone can see who reads the record of the case, as given by Dr. Kreutzmann. Organization on the part of physicians to fight such actions will by no means relieve individual practitioners of all expense and worry, but it will do much to serve notice on the blackmailers who are all the time hanging around the profession, that there are available millions for defense but not one cent for tribute. Such articles as that of the defendant in this case should



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do something to inform the profession of their rights, and of the dangers to which they are subjected from the piracy of the disreputable branch of the legal profession. —Exchange.

Acidum Sulphuricum Dilutum in the Treatment of Carbuncles.

Drs. R. J. and J. Reynolds employ internally large doses of dilute sulphuric acid in staphylococcic infection of the skin and subcutaneous tissues, as in carbuncles and boils. To be effective, large doses of 20 to 30 minims, well diluted with water, should be taken regularly every four hours. If a case of carbuncle be treated in this way, it will be noticed that after the first twelve or eighteen hours the affected area becomes distinctly circumscribed, and the lesion ceases to extend, softening of the tissues in the affected area rapidly takes place, and pus is discharged, healthy granulations commence to form at the base and the process of repair goes on uninterruptedly. It is quite unnecessary to cut or to interfere with the part in any way, except perhaps to apply some antiseptic dressing, such as carbolized vaseline (1 to 40) on lint. For many years now they have treated all such cases by this method, and it has never once failed them. It seems a very simple way of dealing with this affection, and they claim that it does not disturb the patient's digestion or cause any inconvenience in any way. The treatment should be continued for at least a fortnight after the lesion has disappeared. It is obvious that quinine, strychnine, and other tonics can be given in combination with this remedy when occasion demands it, but, whenever possible, they have given the dilute sulphuric acid alone, simply diluted with plenty of water, in order that they might have no doubt as to which drug they could attribute the result. It may be observed that the class in which this treatment has proved so efficacious have been uncomplicated by other diseases such as diabetes, etc —British Medical Journal.

Treatment of the Vomiting of Pregnancy by Adrenalin.

Hyperemesis of pregnancy is generally considered as due either to nervous or toxic influences, or possibly to both combined. There are also frequently found vasomotor disturbances. It has been known for many years that during pregnancy there is an engorgement of the inferior turbinate, a condition found by Freund in 66 per cent. of all cases examined. This leads to the possible conclusion that the vomiting is due to irritation of the vomiting center in the medulla, which is located very close to the vasomotor center. Hence it has been suggested that any treatment which will allay the vasomotor irritability and lessen congestion, will also have a favorable effect upon the vomiting.

Rebandi, in a desperate case of pernicious vomiting in the third month, after all other measures had failed, obtained excellent results from the administration of adrenalin (1-1,000) by mouth, in ten drop doses, morning and evening. The results were immediate. After nine days the dose was diminished and after eleven days discontinued. The author recommends further trtal of the method.—Zent. f. Gyn.

Intracutaneous Injection of Diphtheria Toxin.

Bingel reports the case of a physician who injected into the skin—after the manner of Schleich's infiltration—into each of two spots, near one another on his left forearm, 0.1 c.c of a sterile high potency diphtheria toxin. The result was a large slough which formed with high fever that lasted five days. The ulcer formed by the sloughing of the tissues was not completely healed until February 7th, although the injections had been made on October 23rd. The patient's blood-serum was standardized by Neisser and Altmann and found to contain the enormous amount of six immune units per c.c. Eighteen months previously the patient had had diphtheria and for this had received an injection of 2,000 units of antidiphtheritic toxin. During the progress of the illness that resulted from his auto-injection he received 4,000 units more; but if it were possible that this total of 6,000 units were still present in his blood when his serum was standardized, he could on this account at most have only 1.7 immune units per c.c. It follows that owing to his self-vaccination he had developed a very

high immunity against diphtheria toxin. As Bingel pathetically puts it, immunization against diphtheria can alas! scarcely be practiced in this manner.—Muenchener Med. Tooch.

Backache in Women.

The treatment of backache in women is complex and often unsatisfactory. Toxic and lumbar backaches are treated with laxatives, diuretics, and colon irrigation. To the congested type are administered ergot, digitalis, strychnine and bromides. The anemic are given iron and tonics. Temporary relief is afforded by the use of local counter-irritation. For neurasthenics the rest cure is advised. Surgical measures have for their object the sewing up of lacerations, the correcting of malpositions, and the removal of diseased organs and tumors. Krussen emphasizes the value of the drinking of large quantities of water in these cases. Frequently a rheumatic diathesis is associated with pelvic disease. Pains may be due to the lithemic diathesis, and a certain proportion of backache is due to traumatism. The fact that women are habitually constipated and that they drink small quantities of water are two factors to be borne in mind in treatment. Hydrotherapy plays an important part in the relief of symptoms.—The Practitioner, London.

Surgery of the Thymus.

Veau and Olivier make a study of seventeen cases of hypertrophy of the thymus, from which they have evolved indications for operation and a surgical technique. The functional symptoms that are prominent in this condition are permanent dyspnea, crises of suffocation, and stridor in respiration. There are signs of dysphagia, of vascular compression by the tumor, which are exceptional. The dyspnea is characterized by contraction of the diaphragm, with retraction of the region of its attachment. The permanent dyspnea is caused by compression of the trachea. Sudden crises of suffocation arise, which are made worse by lying down, and intubation does not benefit them. The stridor is laryngeal, due to compression. In some cases the mass of hypertrophied gland may be felt. Radiography and radioscopy give little aid. The only relief is operation, which should be subcapsular thymectomy. This is always partial and leaves behind enough of the gland to carry on its function.—Archives de Medecine des Enfants.

The Nursing Profession.

Recently we have encountered evidence that the nurse is a not inconsiderable factor in the transmission of gonorrhea. While a regretable fact, it is not surprising that some of these attractive young women should fall victims to the satyrs with whom they are thrown into relation in so many homes, particularly those of the rich. More especially in New York City have these irregularities been noted by us and discovered to be matters of common observation and common talk among the nurses themselves. The temptations of the metropolis are certainly great and most of these young women are responsible to no one but themselves. They contend that they must dress almost extravagantly in order to make pleasant impressions upon the people whom they serve, and many of them display a tendency to place all their resources on their backs. There is strong temptation at times to add to these resources, no doubt.

The profession of nursing is young. May it always remain respectable. We cannot think of it as changing color in this regard. We are concerned about certain symptoms which the profession is showing because of our regard for the nursing body. The medical profession holds the nursing profession in peculiar esteem—in higher admiration, because based upon proper understanding, than any other class. It is because of this feeling that we speak out.

Those members who lapse, it is to be hoped, will not become so numerous as to

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bring upon one of the most honorable of callings the stigma that at times has attached to that splendid and artistic sisterhood, the followers of the stage.—Exchange.

Evils of Malnutrition.

Disturbances of nutrition are the most frequent causes of chronic diseases, and again have the appearance of various illnesses of an acute character. Diathesis is a permanent disturber of nutrition, which prepares, provokes and maintains different diseases, as seen in their location, their evolution and pathological process. The reaction of a disturbed nervous system, induces temporary disturbances of nutrition. If nerve reaction, by corrupting nutrition of the moment, can produce the morbid opportunity, it may also modify nutrition in a lasting manner and develop diathesis, but it will be acquired diathesis. The diathetic nutritive disorder is more than a morbid threatening; it is disease in activity. Here is an arthritic. How soon will he be seized with an attack of gout? What explains and links the attacks together is precisely this diathetic state, which is the result of a failure of nutrition. Before every illness there is a disturbance in life, for nutrition is life. Digestion requires that the foods should be not only softened but thoroughly adjusted and normally assimilated. The patient, taking no combustible material from without, thrives upon his individual tissues. He finds that it is impossible for him to properly digest. He cannot, therefore, normally nourish like other individuals, and it is here that the physician tries, by various means, to introduce into his organism, combustible material and not allow him to consume his own tissues.

It is now admitted that in the course of infectious diseases there exists a perversion of the nutritive process. As the results of the derangement of nutritive processes, there are various conditions of dissimilation; disease is likely to arise from derangement of the nutritive functions. When normal nutrition is lowered, as in gouty and obese patients, certain nerve conditions are likely to develop, such as dejection, melancholy, a lack of desire for work and migrain, and it is frequently observed in the renal, cutaneous, the pulmonary excretions and incomplete oxidized products of dissimilation.

In all forms of auto-infection and disease the result of malnutrition, Bovinine feeding is an able prop to both the patient and physician in the handling of his case, for it stimulates the normal flow of the digestive fluids, encourages proper assimilation and supplies all elements of nutrition to meet the demands created by the stimulation, thereby fortifying the system in overcoming the malnutrition and enabling Nature to attack the auto-intoxication and disease through natural methods.

The extract of cod liver oil used in the preparation of Hagee's Cordial of the Extract of Cod Liver Oil Compound, is made under such conditions that the medicinally active principles of the oil are separated from the fatty materials without in the least changing their state of combination or solubility, so that even the most complex specific lecithine of cod liver oil is contained as such in the extract and transferred unchanged to the cordial.

Clinical experience with Hagee's Cordial, (an experience which has now extended over many years throughout the United States) justifies the assertion that its therapeutic indications are precisely those which belong to cod liver oil in its natural condition.

Not Incompatible.

In an original article written for "Medical Reprints" Dr. George Selkirk Jones writes: "Another, and most important, subject for study will be that of incompatibility with respect to Antikamnia. At present I have not encountered this difficulty, for in the treatment of rheumatism, for example, with alkalies and potassium iodide, the occasional use of antikamnia tablets appears to act as a most useful auxiliary, and a quiescent condition of nerve, brought about by the action of the latter, appears to predispose towards a more perfect metabolism. In this respect I believe that antikamnia tablets are destined to play a new and important role in medical therapeutics, for if a nerve storm can be controlled during the course of a painful malady for which the appropriate remedies are being exhibited, the chances are that the simple alleviation of pain for the time being may greatly facilitate the removal of the original cause of the malady. I have a case on hand at present in which this new feature

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is presented, viz.: hemicrania in a woman, the result of periodic attacks of hepatic congestion, nothing appearing to influence the portal circulation so satisfactorily as cascara sagrada. This latter was taken at regular intervals during the day, whilst a single dose of two antikamnia tablets taken at bedtime produced in the mind of my patient a doubt as to which remedy was entitled to the credit. On my part I can attribute the good results already obtained to both, each having its allotted task to perform, the one hepatic, the other central, or neurotic. And so with reference to rheumatism, I am looking forward to a like happy experience. Why should the administration of iodide of potassium or salicine interfere with the action of antikamnia? At present I see no reason, but, on the contrary, shall continue to prescribe the latter as a "night cap," whilst relying upon the therapeutics of anti-rheumatic remedies."

Tablogestin.

In the treatment of intestinal dyspepsia, intestinal auto-intoxication, hepatic insufficiency and allied affections, as well as in the therapy of medical affections of the liver and bile tract, Chologestin has attained a well merited reputation. The formula is sensible and logical and the preparation has distinctly "made good" in its special field. Until the present time the remedy has been obtainable in liquid form only, but, by reference to the advertisement of the manufacturers in this issue, it will be noted that Chologestin is now marketed in tablet form. In order to prevent confusion between liquid and tablet, the name *Tablogestin* has been adopted to designate the latter. Three (3) tablets contain the active medicinal ingredients of one tablespoonful Chologestin, the regular adult dose, to be taken after each meal. Tablogestin will be found especially convenient for business men and women, travelers, etc., and those who find it inconvenient to carry a liquid remedy from place to place. By virtue of the contained sodium salt of the natural bile acid (glycocholate of sodium), Tablogestin (and Chologestin) increases the formation and promotes the freer flow of normal bile and thus supplies, in greater degree, the natural stimulus to peristaltic action. Tablogestin (and Chologestin) is not, however, an active laxative or cathartic but may more properly be called a regulator of bowel movement. Tablogestin is marketed in one size only, containing 72 tablets, equivalent to 8 day's treatment. Complete

A-S-Phen, formerly known as Thermol, has been proven by extensive chemical and clinical tests, to be of potent and reliable therapeutic value.

The abbreviation—a-s-phen—explains the nature of its composition—*a*cetyl-salicyl-*phen*etidin. It is free from suggesting its therapeutic application and any tendency to commercialize.

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A-S-Phen relieves headache, neuralgia, catarrh, is useful in the disorders of menstruation, as a nerve calmative, and in la grippe, whooping cough, etc.

A-S-Phen possesses antiseptic effect on the urine. It serves to inhibit the formation of fever: (1) By retarding through its antiseptic properties the rapid growth of the specific bacteria; (2) By its diaphoretic and diuretic action and the consequent elimination of the toxins; (3) By its nerve sedative influence on the heat-regulating powers of the nervous system and the retarding of tissue waste.

Prof. Samuel P. Sadtler, Ph. D., LLD., and his son, Samuel S. Sadtler, S. B., state: We verified the composition of a-s-phen qualitatively and quantitatively, which clearly identified it and established its proximate composition, and found it to be a definite synthetic compound—acetyl-salicyl phenetidin, whose formula is C_6H_4 (OC_2H_3O) $CO.NH.C_6H_4$ (OC_2H_5) or $C_{17}H_7NO_4$ This composition was established by Anschutz and Bertram (*Berichte der Chem. Gesell.* 37, p. 3975)."

Professor Dreser (*Berichte der Deutschen Gesell.*, Vol. 37, p. 3076), states: "In the matter of reducing temperature the anilides work better than the phenetides; but even in small doses they develop quite early the undesirable change of oxyhemoglobin into methahemoglobin, which appear as cyanosis. The phenetidin product, substituted with acetyl-salicylic acid (a-s-phen or thermol), proved inactive even in large doses (0.4 grams)"—where there was no temperature.

Professors Anschutz and Bertram, in the same publication, state: "The firmness with which the acetyl group is confined nto this substance is to be noted."

Dr. W. D. Hamaker, secretary of the Pennsylvania Medical Examining Board, states: "With a-s-phen I have been able to reduce the time of treatment of typhoid fever one-half—except in very rare cases—with entire safety to the circulation and respiration. In the future I shall treat pneumonia with it."

Dr. Eugene B. Glenn (Surgeon with rank of Major, National Guard of North Carolina): "Am using a-s-phen for the removal of fever in my tuberculosis cases; and without any signs of sweating as the result of the use of the medicine.

Dr. Henry Beates, Jr., president of the Pennsylvania Medical Examination Board, states: "I use a-s-phen (thermol) in those types of infectious disease like typhoid fever, in those cases where the purin bases are evolved in excess like rheumatic and kindred disorders, and in that other class of disease for which the salicyl group is indicated, and where I have found it as reliable as is quinine in malaria. I also use it in neuralgia as a nerve sedative and in those catarrhal conditions so symptomatic of the so-called uric acid or gouty diathesis. I believe this product to be one of the most valuable compounds ever created by man."

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Benzidine Test for Blood.

The most common delicate blood-tests generally used in medico-legal work are the microscopic, spectroscopic, and microchemical. The microscopic is suitable only when the blood is fresh. The spectroscopic is very reliable and delicate. The most popular of the micro-chemical reactions are those of Teichman and Strzyzowski, but they often fail. Other reactions, such as the guaiac and aloin tests, are not absolutely convincing if positive. Within recent years the benzidine tests has been described as the most delicate and reliable reagent there is for the detection of blood. A pinch of the powder is dissolved in 3 to 5 Cc. of absolute alcohol with warming. The same amount of 3-per cent. hydrogen peroxide and 1 to 2 drops of glacial acetic acid are added. If a solution containing blood is carefully superimposed, a blue ring will appear in a few seconds, The reaction may also be performed in a small capillary tube. The reaction is in a sense a quantitive one, since a solution of 1:1,000 will give a blue ring in ten seconds, which turns decidedly dark blue in twenty seconds.

H. Merkel has tested the reaction, and finds that it is positive with the blood of virtually all animals, and that other organic matter, such as urine, saliva, and milk, do not react. A number of chemicals, however, will give a bluish ring, even in the absence of blood. Among these are potassium, iodide, and potassium ferrocyanide. Other chemicals, such as tannin and strong acids, will interfere with the appearance of the blue ring, even where blood is present.

The conclusions of the author are that the benzidine test is not absolutely reliable, but must be controlled by other tests unless the presence of all these chemicals can be surely excluded.—Muench. med. Woch.

Faith in Drugs.

"The courage to try to do a thing before you know how, the patience to keep on trying after you have found out that you didn't know how, and the perseverence to renew the trial as many times as necessary until you do know how, are the three con-

ditions of the acquisition of physicial skill, mental power, moral virtue or personal excellence."—Hyde.

We do not know where this quotation is more applicable than to our friends of the old school who have been trying for years to work out some therapeutic salvation. They have many good men in the ranks; men who are broad-minded, honest and sincere, and standing foremost among them we find Drs. Abbott and Waugh. We remember distinctly, a few years ago, when we were closely associated professionally and socially with a practitioner of the old school—one of the best fellows that ever lived—who said to us that he had absolutely no faith in the use of drugs, and while he used them for their moral effect, he gave nature the credit for restoring people to health. Since that time he has been using Abbott's alkaloids and is now one of the most enthusiastic prescribers that one would wish to meet—and he is successful. He is simply one of the many of the old school who have been so instructed in the use of drugs that they get results and have faith in them.—Dr. Dale M. King, in The Medical Counselor.

Clinical Reports on Chromium Sulphate.

I have used Chromium Sulphate (Abbott) in one case of chronic nephritis with very gratifying results.

Atchison, Kanas. Dr. Geo. Baudry.

Prostatic Trouble.

The 4-grain tablets of Chromium Sulphate (Abbott) have put to shame all other medicines I have ever used for the reduction of Hypertrophy of the prostate in a patient of 75 years. By the time the first 100 were gone, taking four 4-grain tablets (16 grs.) per day his symptoms had all left him. Now he is able to retain his urine from 8 or 9 P. M. to 5 A. M.

Franklin, Ind. Dr. J. W. Dill.

Good Results In Goiter.

I have used Chromium Sulphate (Abbott) for goiter and prostatic trouble and it has given complete satisfaction. I think this is one of the best drugs for troubles of this character that we have.

Dr. Charles M. Stemen.

Kansas City, Kans.

Chromium Sulphate In Sciatica.

In the past few months I have cured three cases of chronic sciatica with Chromium Sulphate (Abbott). One of these had been confined to the house for seven or eight months. She was so much improved after three weeks that she could get around the house and is now apparently well.

Winthrop, Iowa. Dr. M. L. Shine.

In lieu of samples, The Abbott Alkaloidal Co., Chicago, will send 2-500's, 4-grain tablets, coated, uncoated or one of each on receipt of $1.25.

The National Confederation of State Medical Examining and Licensing Boards will hold its Twentieth Annual Meeting at St. Louis, Mo., on Monday, June 6th, 1910, in the Southern Hotel.

The subject to be taken up at this meeting will be a consideration of practical clinical instruction in medical colleges, a report on medical education in the United States by a representative of the Carnegie Foundation, and a report on a proposed materia medica list by a special committee. These topics are all practical and of vital interest to examining boards, medical schools and the profession. The contributors of papers to the symposium on clinical instruction are men of the highest standing in the medical profession, many of them teachers in some of the foremost institutions in this country, and their productions will be worthy of the most careful consideration. The chief object of this symposium is to determine, as far as possible, whether clinical instruction in medical schools can be made sufficiently practical and thorough so as to warrant the medical boards in demanding practical examinations in the principal branches of the medical course.

An earnest and cordial invitation to this meeting is extended to all members of state boards, professors and teachers in medical schools, and all others interested in securing the best results in medical education.

The Officers of the Confederation are: President, A. Ravogli, M. D., 5 Garfield Place, Cincinnati, Ohio; Secretary, Murray Galt Motter, M. D., 1841 Summit Place, N. W., Washington, D. C.

Sarcoma of the Chorold.—Hinshelwood, (Brit. Med. Journal) reports the case of a man, aged 36 years, who consulted him in May, 1906, for defective vision in the right eye, of more than two years standing, which had progressed more rapidly of late. External appearance normal. No plus tension. Central area of field abolished. Ophthalmoscopic examination revealed an area of detachment at the macula, without folds or undulation on movement of eye. This gray mass was considered to be due to an exudative chorio-retinitis. The patient was seen again, two years later, when vision was much worse and peripherl, as be-

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Medical Society of the State of North Carolina meets in Wrightsville, June 21, 1910.

The Tri-State Medical Association of the Carolinas and Virginia (only members of State Societies eligible). Next Annual Meeting: Raleigh, N. C. Date of meeting February 8, 1910. President, Dr. Joseph A. White, Richmond, Va. Secretary-Treasurer, Dr. J. Howell Way, Waynesville, N. C.

fore. The area of retinal detachment was now much more prominent and was seen best with a -|- 6 D. lens. Tension still normal, and external appearance not changed. A diagnosis of intraocular tumor was made, but the patient refused operation as there was no pain or discomfort. About one year later, February, 1909, the mass was still larger, being seen with a -|- 10 D. lens. Even then, there was no pain or plus tension. Enucleation was finally agreed to. The growth was found to be a spindle-celled leuco-sarcoma of flattened dome shape, 13 mm. in diameter, and 6 mm. high, with a nodule projecting 4 mm. above this. The tumor origi-

nated in the chorioid and did not invade the sclera or the optie nerve.

Leucosarcoma is much rarer than the melanotic variey, in the proportion of one to nine, according to Fuchs, and seems to come on somewhat earlier in life. The length of time in which the tumor grew without causing any subjective symptoms except failure of vision, is striking. Diagnosis is most important in this first stage, which generally lasts from six to twenty months. Berry notes that it may be decidedly longer, but escapes observation. A growth situated at the macula, as in this case, will become manifest very early by its interference with vision, and this had been noted by the patient almost five and a half years, in all, before enucleation. In any case of detachment without myopia or history of injury, in an otherwise healthy eye, tumor of the chorioid should be suspected and the patient kept under constant observation. Transillumination is feasible only in detachment near or in front of the equator and may then give definite evidence. In detachment far back we are dependent on the ophthalmoscope and on a careful comparison of the appearances as revealed by successive examinations. Cradual diminution of vision without pain or plus tension is quite compatible with the development of malignant intraocular neoplasm. In the discussion, Taylor, of Norwich, refers to a case he reported in the Transactions of the Ophthalmological Society of leuco sarcoma at the macula, with a clear history of defective vision of 11 years standing. The eye was removed and the patient is still alive and in good health. Devereux Marshall, of London, noted the difficulty of differentiating between evidently melanotic sarcomata and those which, while apparently non-pigmented, show some pigmentation on microscopical examination. Tension depends on closure of the filtration angle and this has little to do with the size or presence of the tumor, so that tension is not a necessary or characteristic symptom. Tension is variable and may be minus in some cases of intraocular new growth.

Sterilization of the Skin by Tincture of Iodine.

A method of sterilizing the skin is suggested by Dr. Grossich who applies a 10 or 12 per cent. tincture of iodine to the field of operation and to the surrounding skin without any preliminary scrubbing with water. His investigations have shown that the tissues absorb the iodine much more readily when they are dry, and that it penetrates deeply into all the seams, which does not occur with the usual preliminary scrubbing with soap and water. The water softens the epidermal cells and they swell and plug the openings. He relates his experience with this technique, especially in a large number of cases of open, crushed wounds in laboring men. The parts are shaved and then painted with the tincture of iodine, and a sheet is then laid over the naked patient with a hole over the field of operation—the sheet fastened to the skin with a few small clamps and reaching to the floor all around. After anesthetizing the patient, the field of operation is painted a second time with the tincture of iodine, and the completed suture is swabbed anew with it. He has never seen any by-effects from this technique, not even when a third of the body was painted with the iodine. This technique Grossich believes eliminates all danger of infection from the patient. He applies it only when the wound is still entirely free from signs of inflammation such as redness and swelling. If the tincture of iodine is applied after the parts have been recently scrubbed with soap and water, there is much more danger of suppuration; it is indispensable that the tissues should be dry when the iodine is applied for sterilizing purposes.—Grossich, Zentralblatt fur Chirurgie.

Danger Due to Substitution.

Hardly another of all the preparations in existence offers a wider scope to imposition under the pea of "just as good" than the scientifically standarldized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated and finally the medical reports commending on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at elbourne, and others reported before in the medical literature show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Arthrodesis.

The operation should never be performed on children under eight years, not until all deformity has been corrected by wrench and tenotomy. It must not be performed if any hope exists of muscular recovery. It should be planned so as to avoid injury of epiphysis and so that the bones lie in good apposition. Splints should be worn until consolidation is complete.—Dr. R. Jones, Liverpool.

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Obliteration of the Craving for Narcotics. Review of the Article of Dr. Alexander Lambert.

By Geo. E. Pettey, M.D , Memphis, Tennessee, Member Memphis and Shelby County Medical Society, Tennessee State Medical Association, Southern Medical Association, American Medical Association,etc.

An article with the title "The Obliteration of the Craving for Narcotics" appeared in the Journal American Medical Association Sept. 25, 1909, and at a later date in a number of other journals and the same was reviewed to some extent under the head of Therapeutics in the Journal of March 5th, but there is so much in Dr. Lambert's article which is calculated to lead those who attempt to follow his teachings into serious error that I deem still further comment pertinent.

This article seems to be based upon the assumption that the essential nature of the narcotic drug addictions is an appetite or "Craving" for narcotics, and that this appetite or craving can be obliterated or overcome by an antidote or "Specific" and for such a "specific" the author proceeds to give a formula.

This assumption is without foundation and the remedy proposed is not a specific. The demand of the system of the drug habitue, his inclination to take, his desire for repeated doses of his drug springs from a physical condition and not from a mere appetite such as the word craving would ordinarily be understood to imply.

The habitual use of a narcotic drug brings about marked functional derangement of every organ in the body. The bowels are habitually constipated, the portal system is engorged, digestion is deranged, the heart is overworked, the motor function of the bowel is greatly impaired, the activity of all the secreting organs is diminished, the body is poorly nourished and the entire system is saturated with the products of tissue disintegration. In fact, an intense toxemia exists. The nervous system is made to tolerate the presence of this toxic matter by keeping it constantly benumbed by the primary effects of repeated doses of the narcotics.

The urgent demand for a repetition of doses of the narcotic, the so-called craving, is due mainly to the effects of toxic matter on the nervous system. If this toxic matter is removed from the system, and just in proportion as this is done, the demand for the narcotic ceases, the so-called craving disappears, without the intervention or aid of any "specific" remedy. That Dr. Lambert obtains the results he records I do not question, but I am quite sure that he gives more credit to the belladonna preparation which he terms a specific than it deserves. That a remedy of this class does meet one of the indications in the treatment of such cases I will show later, but that it is the principle curative agent, or even the principle factor in overcoming the so-called craving, I deny. In the treatment of any disease the removal of the cause is of first importance. It is easily capable of demonstration that the toxic matter in the system of a drug habitue is the source of the demand for repeated doses of his drug, in fact, is the essential pathology of his addiction. When this pathology is overcome, when the system is freed from toxic matter, the craving or the demand for the drug disappears as soon as the secondary effects of the opiate are exhausted, without further treatment of any kind,

Dr. Lambert well urges the necessity for free purgation, but the purgative compounds he recommends are extremely drastic and the extent to which they are administered places an unnecessary tax on the strength of the patient. Drug habitues as a rule are very anemic, their blood is thin, their tissues are poorly nourished, they have no strength to spare, therefore in preparing them for the withdrawal of their drug, or in treating them subsequent to it, the most scrupulous care should be exercised to preserve their strength. While the administration of purgatives is essential in any effort to free their system from toxic matter, these should be selected and compounded so as to act in the most conservative manner and to place the least tax on the resources of the system. No purgative compound which depends upon reflex action to excite the motor function of the blood, as does those recommended by Dr. Lambert, meets this requirement.

Dr. Lambert finds great difficulty in getting purgatives to act. This is true, because in drug habitues the motor function of the bowel is more completely suspended than the secretory function of the glands. In order to secure evacuation of intestinal contents, it is equally as necessary to stimulate the motor function of the bowel as the secretory function of the intestinal glands. Notwithstanding this fundamental proposition Dr. Lambert administers glanular stimulants and trusts to their irritating qualities

or to the irritating qualities of the secretion they induce to supply the other essential condition to bowel movement, the motor function of the bowel.

When the nerve centers are profoundly impressed with narcotics, as in the case of drug habitues, reflex action alone is not capable of exciting efficient peristalsis unless such reflex action is induced to an exaggerated degree. If glanular stimulants are given in such quantities and of such an irritating quality as to excite this exaggerated degree of reflex action they cause much distress, colic, griping, nausea, etc., and when they do finally act, they act with undue severity and exhaust the strength of the patient. On the other hand if the motor function of the bowel is induced by *direct stimulation* of the motor centers, then much less of the glanular stimulant is required, it acts more promptly and efficiently and with much less tax upon the resources of the patient.

There is no question but that the emunctories should be thoroughly aroused and free purgation obtained, but any course of treatment which involved the giving of purgatives, equivalent to 30 or more C. C. Pills in less than three days time, as does the plan advocated by Dr. Lambert, is extremely drastic and in my opinion involves an unnecessary waste of the patient's strength. Better results can be obtained with far more conservative measures.

Strychnia, in sufficient quantities to overcome the semi-paralyzed condition of the intestine and excite active peristalsis, is an essential ingredient of any purgative compound intended to empty the intestinal canal of a drug habitue, if that is to be accomplished without undue waste of the patient's strength. The administration of glanular stimulants (chemical irritatants) to a drug habitue in such large quantities as to bring about a storm of irritation in the upper part of the intestinal canal sufficient to excite efficient peristalsis by reflex action is as unreasonable as it is unpleasant and exhausting. The principles upon which a physiologic purgative compound for a drug habitue may be made are fully set out in my paper published in the Therapeutic Gazette of October, 1901. Had Dr. Lambert read that paper he would not have found so much he considered new in the Towns method.

Morphia or other form of opiate profoundly blunts the sensibilities of the nerve centers and this results in immediate and total arrest of intestinal motion. If these remedies checked secretion as promptly and completely as they do peristalsis they would be far more deadly than they are. The nervous system of a drug habitue is constantly blunted by the primary effects of the narcotic and he is therefore kept oblivious to the presence of the toxic poison which such an inactive state allows to accumulate. It may be accepted as established that the essential pathology of narcotic drug addiction is toxemia. These toxines are of drug, intestinal and auto origin.

If the system is freed from toxic matter and the portal system disengorged, morphia or other narcotic can be at once withdrawn without shock, collapse, heart failure, diarrhea or other dangerous symptoms and the suffering incident to such withdrawal will subside in a few days time without further treatment of any kind. The patient would suffer severely during these days, but if the system has been fully cleansed of toxic matter by thorough, persistent and physiological means all desire for the drug as well as all necessity for its use disappear as soon as the secondary effects of the opiate have become exhausted, and this point is reached by or before the end of the fourth day from the withdrawal. The suffering during these days can be materially reduced if not entirely obviated by the judicious administration of belladonna or any one of the remedies of that series. It is much better to administer these remedies in the form of their alkaloids than to use the tinctures or fluid extracts, as these vary too much in strength and are too unreliable, then again, the patients stomach is usually disordered and not in condition for prompt or uniform absorption of the medicinal agent. Therefore the stomach should not be depended upon for the absorption of the remedies upon which his comfort depends when he can be promptly and certainly brought under the influence of active principles of such remedies by hypodermic administration.

Either atropin, hyoscyamin, scopolamin, duboisin, or stramoin will serve the purpose if the patient is an opium case, and I have not been able to see any advantage in combining them. Any one of these alone seems to keep the patient in as comfortable a condition as two or more of them combined does. I prefer the effects of alkaloids of hyoscyamus or stramonium to either of the others, as these are slightly more hypnotic and anodyne than the others. If a patient is brought to the same degree under the influence of either one of these alkaloids I do not believe that any clinician is expert enough by examining the patient, or from the expression or conduct of the patient, to tell which one has been given. The office of a remedy of this class is not to *cure* the patient, not to act as a *specific or antidote*, but to serve as an anodyne or anesthetic and keep the patient in comfort while the

elimination—the real curative measure—is being carried out or completed and while the secondary effects of the opiate dies out. The painful reactionary symptoms which appear upon the withdrawal of the opiate from an habitue are due mainly, as above stated, to the effects of the toxic matter upon the nerve centers, but they are also in part due to the secondary effects of the opiate. So long as the opiate is given in regularly repeated doses the patient is kept under the primary, anodyne or anesthetic effects of the drug, but when it is discontinued the primary effects cease and the secondary effects appear. The anesthesia caused by the primary effects of an opiate when taken by an habitue, is, upon its withdrawal, succeeded by an hyperesthesia, equally marked and of greater duration. This hyperesthesia has a natural limit and terminates when the secondary effects of the opiate have become exhausted and the patient reaches a state of placidity and comfort *because this hyperesthetic state has reached its limit and terminated* and not because he has had "A liquid stool composed of mucus and bile" as Dr. Lambert would have us believe. An important part of the office of the remedy of the belladonna group is to obtund the sensibilities of the nervous system to this hyperesthetic state and thus protect him from suffering, and it should be used with this idea in view and not with any thought of its being a "specific" cure for his addiction.

I do not believe that the Prickley Ash in the Towns formula has any value whatever. All that this combination will do can be accomplished by either of the other remedies alone or by the two combined without any aid from the Prickley Ash.

Dr. Lambert does well to give a word of caution as to the use of his "specific" in alcoholic cases. Cases of chronic alcoholism have a tendency to develop delirium tremens during the sobering up period. An hyperemia of the brain is present and is an important factor in many such cases. The administration of atropin, strychnin or any other remedy which increases the blood supply to the brain increases this tendency and may develop a troublesome if not dangerous attack of delirium tremens. The routine administration of any of the remedies of the belladonna group in the treatment of alcoholism is a doubtful if not dangerous proceeding.

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Should the Tuberculous Mother Nurse Her Offspring?*

By C. P. Ambler, M.D., Asheville, N. C.

Nature is always concerned in reproducing her kind; while in the majority of the seriously diseased conditions conception does not occur, in tuberculosis we find that, for some unknown cause, nature disregards her usual safe and conservative law, and too frequently pregnancy occurs where either the man or the woman is suffering from this disease.

Our pathologists have proven conclusively that tubercle bacilli can but rarely be demonstrated in the fœtus or new born. As we advance in our knowledge concerning this disease, we are learning that heredity plays but an unimportant part—in fact through heredity children are born, not with the disease, but with a so-called predisposition, consisting of a poorly developed chest or a dyscrasia received from the parent, which renders the child lacking in resistance.

We are learning that the disease is capable of remaining latent much longer than we formally supposed. The theory that was advocated a few years ago that a large per cent. of our cases in the adult were primarily infected during early babyhood or childhood seems much more probable than what we formally believed. Statistics, pathology, bacteriology, microscopy and clinical evidence all are confirming two points, viz., the child is born free from the disease, infection occurs months and years prior to the manifestation of the disease.

If the babe is born free from disease, statistics prove by the large mortality from tuberculous diseases during the early years of childhood that the baby is peculiarly susceptible and lacking in that resistance which is acquired as the child grows older. Those of us who have practiced among the tuberculous have often noticed that the tuberculous mother usually gives birth to a large and apparently healthy baby. Nature apparently disregards the mother, puts all her energies to the child, and while the mother may apparently be better during gestation, she rapidly declines after labor, while the child may thrive.

Following parturition we must give our advice with two points in view: What is best for the mother, and what is best for the child.

From the mother's standpoint there can be no question but what it is best that she does not nurse the child. The additional drain and strain upon her during lactation can only be expected to, and usually does

*Read before the Buncombe County Medical Society February 18, 1910.

bring about changes for the worse. Every ounce of milk she furnishes her babe must be considered as so much life drawn from her already sorely depleted stock of vitality. Every time the child nurses it is a check drawn upon her bank account of vitality—a bank account none too great, and receiving little deposit—small checks often and regularly repeated, without compensation deposits, and our account is soon overdrawn.

The care of a young infant is no small matter. The constant routine is sufficient to wear down even the healthy mother; should the tuberculous mother be not far advanced in the disease the care and attention of the child is sufficient to throw the balance in the scale against her; a thousand times, day and night, she must be doing, when her whole energy and endeavor should be expended with her own improvement in view.

It is true that the milk from such a patient usually agrees with and nourishes the babe. Nature here, as before birth, thinks of the child at the expense of the mother. It is not definitely proven that there either is or is not danger to the child from the milk of the tuberculous mother, but such evidence as we have tends to show that the danger of infection to the child from the milk itself is extremely small. Wherein then does the danger to the child exist?

All tuberculous patients who cough and expectorate are continually infecting their lips, their hands, their clothing, and in fact every object with which they come in contact; especially such objects as are placed in the mouth or handled with the hands. It is possible to imagine a tuberculous woman's breast receiving such care and attention that no bacilli would ever be present and no danger exist to the child while nursing, but such an ideal condition would probably exist upon the rarest occasion.

The child that nurses at the breast of the average tuberculous woman, that is held in her arms, that comes in contact with her clothing, her body or her bed, that lives in the room she occupies, or daily is brought in contact with her, eats and inhales tubercle bacilli without the shadow of a doubt.

It is not enough that she refrain from kissing the child upon its mouth. Tell her not to kiss the child and she will probably agree, only to thoughtlessly allow the little one to put its fingers onto her face or about her lips and later go to sleep with the same fingers in it's mouth.

Should she rear the child and feed it on the bottle she will, despite your warning, generally "try the milk" before placing the nipple in the little ones mouth.

As the child grows, everything it gets into its hands goes to its mouth. Is the mother to handle these rattles, these toys, and these thousand and one things that babies play with? Later, if the mother thrives, the child creeps upon the floor, wipes up the same with its hands and the blacker its fingers get the more likely it is to put them into its mouth.

To separate the mother and child at birth may depress the mother temporarily, may in certain cases shorten her life. We should think of the child and what is best for all. Ordinarily the slight depression of the mother, following the removal of the child, will not do the mother near the harm that the care or suckling would very speedily accomplish, while the child, if properly cared for by others, is much better off.

Where the financial condition of the mother requires that she care for the child we should certainly advise that it never be put to the breast but fed artificially from the first, being careful to also point out the more probable methods of infection.

For ages the laity have looked upon tuberculosis as hereditary. Today our pathologists claim that this is rarely the case. Today our bacteriologists tell us the disease is due to the tubercle bacilli. If we grant our pathologists and our bacteriologists are right it becomes our duty to show the people when, where and how they get this same bacilli into their bodies. If the new born child is free from the disease—if the child cannot live in contact with the mother without receiving infection the child must be separated from the mother immediately after birth, for the good of both and all concerned. This may seem cruel and will be hard; no mother, however, will fail to do her part for the good of the little one if the matter is thoroughly explained to her.

Let us remember and point out to our families that the fact that tuberculosis has appeared in generation after generation and that the disease has become a "family disease" is not due to heredity direct as supposed, but to contact; contact of parent and child, brother and sister. And let us also carefully instruct wherein certain houses having been occupied by many tuberculous patients for years back, these houses have become so thoroughly infected, owing to the lack of care in years gone by, that the rearing of the young in such surroundings is dangerous and to be avoided if possible.

Deduction.—The tuberculous mother should not nurse her offspring.

1st. From the standpoint of the mother, on account of the direct drain upon her vitality through lactation and also from the physical labor and energy expended in caring for the baby.

2nd. From the standpoint of the baby on account of the danger of infection.

General Education as a Prophylaxis Against Contagious Diseases.

By H. C. Buck, M.D., Friars Point, Miss.

This is an age of education, and mankind in general has been greatly benefited by education regarding many conditions and diseases, yet there is much that is still undone.

By education smallpox, through vaccination, has been robbed of its terror and is now known by all men to be easily prevented. Yellow fever, that until within the past few years was looked upon with horror, and the fear and dread of which made man worse than the brute, has by the martyrdom of a few brave spirits in their discovery of the role played by the Stygomia in the propagation of this dread disease, been robbed of its terror, for we all now know that by sanitation and the stamping out of this branch of the mosquito family we need never have the disease. Malaria through thorough drainage and proper care in stamping out the Anopheles and protecting oneself against this pest by properly screening our houses is rapidly becoming a thing of the past. This is amply proven by conditions in Panama and by conditions in this section known as the Delta of Mississippi, where up to ten years ago we had malarial diseases nine months in the year while now they are comparatively rare and only found among those who from carelessness or wanton and criminal ignorance neglect the proper and common sense precautions against the disease. It is a fact known of all men that the medical profession and many men and women in other walks in life, are now engaged in the grandest warfare ever known to man, against tuberculosis, and no man can estimate the great amount of good that has been done, nor number the human lives that have been saved, and the good work goes bravely on, yet in our fight against the diseases mentioned we have, until very recently, overlooked and neglected the greatest curse of them all "The Venereal Disease," while these other diseases have destroyed untold members of the human family, yet as a rule, they are merciful, in that their victims either recover or are granted surcease in death, but the venereal disease often refuses its victims this relief, while it causes such agony of body and mind as to make life a veritable hell from which death would prove a sweet release Where is the man who can tell the limits of this disease or the suffering caused by it? Its victims are found in all walks in life and among all conditions of mankind, even the purest of our women and our innocent babes are not immune to its attacks. History tells us it has been known to mankind since the year 1494, yet through all these long centuries no well directed systematic effort has been made to even check its ravages, none to stamp it out. Why is this? The principle reason is ignorance on the part of the general public. This ignorance is due to some extent to careless indifference, but more especially to prudishness and mock modesty, which has been and is still the curse of so-called enlightened people. Until within the past few years mention of the sexual nature of man or woman was looked upon as being if not immoral, at least immodest, hence never discussed. Daughters who went to their mothers for information regarding their sexual nature were either snubbed or told "they should not think of such things, it was not nice." Sons were afraid to broach the subject to their father and ashamed to speak to their mother on the subject. The result has been that they obtained this information (for obtain it they will) from other sources that were but too often vicious with vicious and contaminating surroundings, which were very often the first step in a life of shame and misery. But it is very gratifying to note that the proper education of the boy and girl not only mentally and physically but morally and sexually, is occupying the attention of many prominent members of the medical profession as well as moral and christian men and women in other walks in life, and the public is being enlightened along this line. A writer says "Innocence and ignorance in regard to vice is no safeguard to a young man or woman in this age when it is so evident on every hand, and no fond parent need flatter himself that his pure girl or boy will not sooner or later become subject to impure conversation and influences." In Pearson's Magazine for May is an article, by Dr. Wm. Lee Howard, that should be in every home and read by *all*, old and young. In the article Dr. Howard treats of the so-called "social diseases" in language that all can understand.

Havelock Ellis says, he "finds the solution of this problem of fighting the venereal disease, successfully, not in police control, but in public education,—youths must be properly instructed in sexual hygiene and the public generally educated in this direction."

From an experience of nearly forty years in the practice of medicine I believe I am safe in asserting that seventy five per cent. of white boys and men who have reached the age of eighteen years either now have or have had syphilis or gonorrhea, or both.

Many of them have recovered; very many men still carry the disease germs in their system, and through ignorance of the great tenacity of the disease and the security of an apparent cure are sooner or later horrified to see its effects on their wives or children—herein lies one of the chief factors in the much talked of "race suicide" and the decreasing birth rate. As regards the negro in the South, I believe ninety per cent. of them, male and female, are infected with one or both diseases. I am aware that this is a broad assertion, but if the facts could be known, I believe my figures would be within bounds. What is being done to remedy this fearful evil? Echo answers. If one reads the statistics given of the effects of these diseases (syphilis and gonorrhea) on the married state, he is simply appalled. In an article, No. 1, "According to Bishop, 75 per cent. of all special and surgical operations performed on women are necessary because of gonorrheal infection." Again he says, "Gonorrhea is credited with 80 per cent. of all inflammatory diseases peculiar to women, of women infected by gonorrhea, 50 per cent. are rendered absolutely sterile. Many others with gonorrheal infection are rendered sterile after birth of first child—'one child sterility.' Sterile marriages are more often the result of incapacity than choice." Again he says, "Syphilis has slain its thousands; 70 per cent. of children born of syphilitic parents died either before or shortly after puberty; those who survive are often physical weaklings, the economic factors involved is the loss of health, of life, which these few but telling and undoubtedly conservative figures indicate, are items to be considered—all indicate that these contagious and therefore preventable diseases should be studied both by the medical profession and the laity, and included in all public health educational works."

This brings us to the subject of education. We will leave out the girl, for her protection lies in the proper education of the boy, but I will say this, remember that home environment and home training has everything to do with the making of the future man or woman, truly "as the twig is bent, so will grow the tree." Strive earnestly that *your* boy shall *start* right, gain and hold his confidence, be his "chum," encourage him to come to you with all his troubles, be they real or imaginary, then teach him sexually and impress upon him the great truth that it is just as necessary and possible for him to be a manly man without being a moral and perhaps physical wreck, as for his sister to be a pure woman, impress upon him also the absurdity of the idea entertained by very many men in the medical profession and out of it that sexual relations are necessary to develop his manhood. This idea has been the cause of the ruin of untold numbers of boys and men. Some may say, if such a course is adopted in training our boys we will have a race of "sissies." This is not true, but even if it were, I contend that a race of "sissies" are far preferable to a race of syphilitics.

No. 1. J. A. M. A., March 26th, 1910.

Puerperal Infection.*

By Thomas J. Watkins, M.D., Chicago.

Introductory Observations.—This subject was selected as it is the most important one in gynecology at the present time because of its prophylaxis, its morbidity and mortality and especially because more progress is being made in it than in any other class of gynecologic diseases. In fact most of the progress that is being made in medicine is in the study of the various infections, and all of the infections have much in common. For the advance made in our knowledge of infecrions and immunity we are under great obligation to the vast army of earnest, industrious and highly educated men that are doing laboratory research work.

Prophylaxis.—The thousands of cases of puerperal infection that occur annually is a very serious reflection upon the intelligence and care displayed in the practice of midwifery. It would seem that the greatest hope of advance in prophylaxis consists in the general use of sterile rubber gloves. As the laity more and more appreciate that the accoucheur who neglects the use of rubber gloves in his work is careless in his cleanliness, their use will become more general and cases of puerperal infection will become less common. The fear of criticism is a powerful factor in increasing the aseptic care taken during child birth.

The treatment in general use is bad.—The treatment of puerperal infection as obtains in general use and as observed in much of the literature is bad if our knowledge of infection, immunity and wound repair is rational. The reason for this is that much of the treatment in general use is heavy laden with a lot of meddlesome and dangerous traditions, and the clinicians as a class have not made use of the knowledge developed by the research men in the study of infections, immunity, and wound repair. The treatment of puerperal infection is now in about as deplorable a state as the prophy-

Watkins, Pelvic Infections in Women; Surg., Gyn. and Obs., Aug. '05.

Watkins, The Treatment of Puerperal Infection; Am. Med. Ass. Jour., Oct. 23, '09.

laxis of puerperal infection was in the days of Sumuel Weiss and Holmes. These conditions emphasize the advisability of a closer relationship between the clinician and the research laboratory man.

Classification.—The frequently used classification of "before" and "at term" and "saprofitic" and "non-saprofitic" confuses the subject and it seems to me of little or no other use. The infection before and at term is about as much alike as is the infection in a small and a large hand. Saprofitic infection is probably always associated with other bacterial infections and the non-pathogenic bacteria may become pathogenic under the abnormal conditions. The ideal classification would be as to the various varieties of the bacteria involved, but our knowledge has not developed sufficiently to make this practical. Bacterial examinations of the uterine discharges are contradictory even in the hands of the expert. Blood cultures do not often give positive results. The severity of the disease varies as much in the same variety as it does in the different varieties. The treatment is as yet the same, irrespective of the variety. To determine the variety of the bacterial infection, however, is of some value in the prognosis. The conclusion is that a classification as yet complicates the subject and is of no practical value.

Infection and Immunity.—This is a battle between the bacteria involved and the resisting forces of the body. The latter is often referred to as the physiologic resistance. Their conflict may be carried on with or without the presence of an inflammatory exudate, macroscopical at least in extent.

The presence of an inflammatory exudate is largely accidental, and depends upon whether a localized area of irritation occurs or not. The irritation is supposed to be due to toxines produced by the bacteria. The localized areas of irritation occur usually in embolic infections in the veins or may occur in the lymphatics. One should remember that the infection in puerperal cases nearly always extends along the vessels and not by continuity of tissue.

The inflammatory exudate is principally a conservative and not a destructive process. The localized leucocytosis and active cell proliferation are powerful factors in destroying bacteria. The bacteria may also be destroyed by their own toxines that accumulate in the inflammatory exudate. The disease lasts until an immunity results or death occurs and depends upon the virulence of the infection and the power of the physiologic resistance and varies from a few days to five or six weeks. Two or three weeks is probably the average length of time. Whether suppuration occurs or not probably affects very little the duration of the febrile period of the disease unless a secondary colon bacillus infection occurs, or a reinfection from treatment results. One who has operated upon these suppurative cases during the acute attack and removed the pus by excision of the inflammatory mass or by incision and drainage must have observed that the febrile period of the disease lasted about the usual time: that is, until immunity developed. Take a case of puerperal ovarian abscess, remove the ovary with the usual aseptic precautions without spilling the pus, and the febrile period of the disease will continue about the usual time; that is, until immunity develops. This is somewhat a personal opinion, but is, I believe, consistent with clinical experience. It is impossible to prove, as there is such a large amount of variation in the virulence of the infection and the physiologic resistance in the different cases. This means that the local infection is of very little importance when compared with the general infection.

The Infected Uterus.—The changes in the uterus may vary from being so few as to be scarcely discernable to the naked eye to having a profuse suppurative surface with more or less sloughing tissue with decomposed thrombi and small abscesses in the muscular wall. It is interesting and important to study how the latter condition affects the disease. It would seem to increase the severity of the disease, and yet the acuteness of the illness has little or no relation to the amount of pathology in the uterus. The very acute, usually streptococcus, cases often have very little localized pathology. The cases with extensive uterine pathology are seldom the extremely acute cases. You tell me it is a difference in the variety of the infection. The cases with extensive pathology in the uterus are, however, at times streptococcic in part at least. The above would suggest the possibility that the inflammatory exudate, the mixed infection or the saprophytes, may help destroy streptococci or staphylococci. The above emphasizes again the small relative importance of the local infection.

The presence of pus in these cases has not the same effect as the presence of pus in some of the other localities of the body in cases of infection. In the pelvis the localized leucocytosis and cell proliferation is much more active than in most other parts of the body. In very few localities does the pus become sterile as it does in the pelvis. The conditions which favor, limit and stop the growth of the bacteria are

*Read by title before the Tri-State Medical Society at Richmond, Va., February, 1910.

problems for investigation. Not long ago it was supposed that the growth of the bacteria took place chiefly in remnants of retained decidua and placenta. Now we know that the presence of suppurative endometritis and the amount of suppuration in the uterus does not determine the severity or duration of the disease. Some of the most acute cases have little or no suppurative endometritis and some cases with a profuse suppurative endometritis may not be very acutely ill or protracted in duration.

Treatment.—I will ask you to put aside any prejudices you may have and consider with me what seems to be a rational treatment as based upon the modern conception of infection, immunity and wound repair. No treatment, however, will be ideal until methods for exact detection of the variety of the infection are found and specific serums or vaccines are discovered.

Systemic Treatment.—All will agree that when the cases of puerperal infection come under the care of a physician the systemic infection is the important part of the disease, and that the systemic treatment is the important part of the treatment. Rational systemic treatment would consist in one or more of the following measures:

1. Use of serums or vaccines to neutralize or destroy the bacteria or their toxines.

2. Use of measures to limit or stop the growth of the bacteria.

3. Use of measures to sustain or increase the physiologic resistance.

4. Use of measures to eliminate the toxines.

Serums and vaccines have as yet proven to be of little or no value.

The second, third and fourth can be considered together, as our only known means of limiting or stopping the growth of the bacteria is to use measures to sustain or increase the physiologic resistance, and to force elimination is to sustain the physiologic resistance.

The physiologic resistance is probably best supported by food, good air in abundance, sunshine, sleep, rest, and good elimination. Our knowledge of support of the physiologic resistance will be increased when it is known which bacteria or toxines are destroyed by the serum and which are antagonized by the leucocytes. Staphylococci and streptococci are chiefly destroyed by phagocytes(1) and injection of remedies to increase the phagocytes such as serum, blood, various proteid substances, yeast, etc., may prove to be valuable agents. Things which cut down the physiologic resistance such as narcosis, hunger, thirst, anemia, alcohol, muscular exhaustion, and abnormal temperatures(2) should be avoided.

Duncan(3) calls attention to the very close relation between animal poisons and substances that interrupt calalytic action. (Enzyme paralysers). He also calls attention to the fact that some colloidal substances, minute particles of platinum in suspension and mercury antagonize catalytic paralysers. This suggests a hope that chemistry may determine the action of the bacterial toxines and may discover remedies that will produce an artificial immunity.

Local Treatment.—This is of minor importance when compared with the systemic treatment and will be discussed under "an outline of hospital treatment" which will be taken up later.

A STUDY OF 66 CASES.

The cases included in the report contain all patients with puerperal infection that I have treated during the last five years. They were all treated at Wesley or St. Luke's Hospital and were, generally speaking, severe infections, as only the very worst cases of puerperal infection are usually sent to the hospital. A number of them had been curetted, had been given intra-uterine douches, had become dangerously ill and were then sent to the hospital. The cases are reported to show the result obtained in a number of cases of severe puerperal infection by a treatment which was chiefly systemic.

Number of cases treated, 66.

Number of cases with suppurative peritonitis, 6.

Number of cases with pelvic inflammatory exudates, 31.

There were other complications as follows: Iliopsoas abscess, 1; pyemic abscess, 1; lobular pneumonia (probably embolic), 5; phlebitis, 2; intestinal obstruction, 2; acute post operative dilitation of the stomach, 1; acute nephritis, 2. Many of the other cases, however, had some albumen and occasional casts in the urine. Thirty of the cases had a maximum temperature of 103x and 36 of the cases had a maximum temperature of —103. The amount of fever did not well represent the severity of the illness, as some of the cases with a —103 temperature were more dangerously ill than some with a temperature of 103x. All of the 31 cases with a pelvic exudate had a maximum temperature of —103. The leucocyte count varied from 5,000 to 58,000. Only three of the cases were diagnosed as gonorrhœal infections. Thirty-four of the cases were given

(1) Hektoen-Keene's System of Surgery, Vol. 1.
(2) Ibid.
(3) Chemistry of Commerce, page 26.

supportive treatment only (measures to sustain or increase the physiologic resistance). Eighteen of the 31 cases with a pelvic exudate had systemic treatment only. In 21 of the cases where the uterine cavity was explored or packed systemic treatment alone was used after the uterus was emptied; that is, in 55 of the cases the treatment was chiefly "supportive." Intra-uterine irrigations or medication were not used in any of the cases.

Results.—59 recovered and 7 died. Six of the fatal cases had general suppurative peritonitis, were so ill that little hope of recovery existed; one only lived a few hours, one two days, one four days, one five days, and two six days. If one were to exclude these apparently hopeless cases then the mortality would have been one in sixty cases. The other fatal case came to the hospital with a large pelvic abscess containing colon bacillus which was incised and drained. A second abscess occurred which was punctured through the old sinus. She later developed a general peritonitis and died on the 20th day after admission. It was a surprise to find that the average stay in the hospital of the cases that recovered was about 18 days. None of the cases included under the list of "other complications" died. The pelvic exudates varied in size from small masses of exudate to exudates that extended to the umbilicus. All the cases were examined when discharged, and of the 31 cases with exudate four had a slight thickening, and four had a slight exudate when they left the hospital. One had a well defined mass, the excision of which was advised, but the patient refused operation. It was noticeable that the exudates showed little or no tendency to absorb until the temperature and leucocyte count became about normal and then the absorption was usually rapid.

OUTLINE OF HOSPITAL TREATMENT IN DETAIL.

1. A complete history and physical examination is made. The blood and urine are examined at regular intervals. Bacterial examinations are made in some of the cases, but not as a routine for reasons given above.

2. If the fœtus is not expelled, and the cervix not well dilated, the uterine cavity, cervix and vagina are firmly packed with sterile gauze, irrespective of the amount of temperature. This is done for the purpose of damming back the secretions, separating the decidua or placenta, stimulating uterine contractions and emptying the uterus without traumatism. The gauze, fœtus and placenta or decidua are often expelled spontaneously within 24 hours. If it is not expelled within 24 hours the gauze is removed and replaced if the cervix is not sufficiently dilated to allow the uterus to be quickly emptied without the use of an anæsthetic or without inflicting much traumatism.

3. If the fœtus has been expelled the uterine cavity is explored only when there is hemorrhage or decided offensive odor, as they mean retained decidual or placental tissue. Even in these cases it is good treatment to pack the uterine cavity, cervix and vagina with gauze and let the uterus empty itself, especially for the inexperienced, and when the assistance and surroundings are unsuitable for clean surgical work. If the uterus has to be emptied it should be done preferably with the finger. A placenta forcep or a large curette may be used in the early months of pregnancy. One should always bear in mind the dangers of puncture, rupture, mistaking the site of placental attachment for placental tissue, dislodging infected thrombi in the uterine sinuses, breaking down the leucocytic wall, extending the infection by traumatism, and diminishing the physiologic resistance by narcosis, by loss of blood and by traumatism. A suppurating, sloughing wound in the uterus should be treated with the same gentle, careful and by the same methods as one would use in the treatment of a suppurating, sloughing wound on the hand. One should remember that such a wound in the uterus is always covered with a hot normal saline solution. Many of us would consider such a dressing sufficient and the best local treatment for a suppurating, sloughing wound of the hand.

If the uterus is found to be empty by the absence of hemorrhage very offensive discharge or if it has been emptied it is left alone.

4. Uterine and vaginal drainage is obtained by elevating the head of the bed and by keeping a moist sterile dressing over the vulva to keep the secretions from coagulating or dessicating. Intra-uterine or vaginal douches are not used as they are dangerous, useless and disturbing to the patient.

5. An ice cap is placed over the lower abdomen during the acute period of the disease. Heat is used later if needed to promote absorption.

6. Opiates, preferably codein, is given in moderation to control the pain.

7. The bowels are moved, preferably by enemas. The milk and molasses each one pint is often very useful in obstinate cases.

8. Systemic treatment. This, with our present knowledge of immunity, is considered the most important part of the treatment and consists in doing our utmost to sustain and increase the physiological resistance. Physiologic resistance is probably

best treated by the use of things which are essential to the vigorous good health of the well, namely: food, water, fresh air, sunshine, sleep and good cheer. These may be considered very elementary, but they are the most important remedies which we have at present to combat infection.

a. Food.—Milk, eggs and beef juice are chiefly depended upon for nourishment during the most acute period of disease. After the high temperature subsides any easily digested food, especially rare beef, is given if there is not much stomach or intestinal disturbance.

b. Water.—Care is exercised that the patient take two or three quarts of water daily. If this is not easily taken by mouth normal salines per rectum are given. The drop method of rectal saline with the temperature of 110 to 115 with the foot of the bed elevated, when not contraindicated by the necessity for active drainage, is found especially valuable when the amount of urine is small, tongue coated, stomach irritable and skin dry. In fact the drop method of normal saline as above seems to be the most effective treatment for these conditions. It takes at least two quarts daily to keep the wastes of the body in a suitable solution for elimination. "High rectal tubes" in about 999 out of 1000 times are bent and coiled tubes and their frequent use is a reflection upon the intelligence of the profession. The normal salines are valuable adjuncts in obtaining regular bowel movements.

c. Fresh air and sunshine.—When possible the patient is kept in a sunny room, well supplied with windows and the shades are left up and the windows open, except when the patient has to be uncovered. These conditions are extremely valuable helps in obtaining good rest, sleep, appetite and digestion. Care is taken that the patient sleeps six or eight hours daily and anodynes, hypnotics or sedatives are given if necessary for this purpose. The patient that sleeps well seldom becomes delirious. Some preparation of opium, probably codeine, is given to relieve severe pain. Baths are given to relieve high temperatures and as a sedative. Fresh air and sunshine is as important in these cases as in the cases of tubercular infection.

d. Good Cheer.—The well do not rest, sleep, eat or digest satisfactorily when worried, depressed or frightened, and the sick are more susceptible than the well. Care is taken to avoid meddlesome and painful local examinations and treatments so as to not disturb the mental condition of the patient.

Elimination.—Physiologic resistance is probably aided by the free action of the kidneys, bowels and skin, as the toxines are thus eliminated.

Phagocytosis.—Mention has been made of remedies that develop or increase the leucocytes. This would seem to be valuable, especially in infections like streptococci and staphylococci, which are chiefly destroyed by phagocitis, and it is possible that these remedies have been neglected. There have been, however, no especially favorable reports from their use. Care should be taken to avoid narcosis, alcohol, abnormal temperatures, muscular exhaustion, anemia, hunger, thirst, toxemia and other infections, as they lower the body resistance.

Medicines.—Very few medicines are usually used, except as above noted. Bromides are sometimes given for nervousness. Assafœtida is sometimes administered per rectum to quiet the patient and relieve flatulency. Alcohol is not given, as it lowers the opsonic index, interferes with the appetite, digestion, rest and sleep. Tonics are given at times to increase the appetite for food. Iron is often useful during the period of resolution. Stimulants like strychnia, digitalis, etc., are seldom given, as rest, not action, is usually desired. There is little or no evidence, theoretical or clinical, to show that quinine or silver internal or external are of any value.

TREATMENT OF INFLAMMATORY EXUDATES.

1. *Suppurative Peritonitis.* These cases are so ill, so overwhelmed with infection, that there is little hope for recovery. The best local treatment is probably vaginal incision through the posterior vaginal fornix and free drainage facilitated by posture. Much better postural drainage is obtained by elevating the head of the bed than by elevating the chest as is often done. The vaginal incision can be done in a few minutes with gas anæsthesia without much shock or traumatism. More extensive operative treatment would tend to do more damage than good.

2. *Pelvic inflammatory exudates.* Incision and drainage of non-suppurative exudates can be of no value and as the incision opens up fresh areas for absorption and a secondary infection is very apt to occur in the incision and to prolong and complicate recovery.

The non-gonorrheal pelvic exudates that do not suppurate are practical certain to disappear by absorption. One, however, should not expect much absorption until they become sterile. That is, until immunity develops. These cases are allowed to get out of bed as soon as they desire but are cautioned against fatigue.

Pelvic Abscesses.—The presence of pus is

no longer an indication for operation. The presence of the pus does no good, but the mental disturbance, the shock and traumatism attending operation are very likely to do more injury than the pus. The puerperal suppuration is often in small quantities and in multiple places, so that incision and drainage may invade none or only a few of the suppurative areas. One should remember that the pus in pelvic abscesses, without secondary colon bacillus infection, soon become sterile. If the abscess is large points in the vagina or under the skin in the lower abdomen it should be opened. These cases are nearly, if not always, cases of secondary colon bacillus infection. The presence of the secondary colon bacillus infection can probably always be determined by a rapid increase in the size of the exudate.

Abdominal Section.—Abdominal section is probably never indicated during the acute period of the disease except in very rare cases. It may be indicated by an intestinal obstruction. A secondary appendicitis may develop and require it. There are some cases of phlebitis like those reported recently by Whitbridge Williams which indicate an abdominal section.

Hysterectomy.—Our present knowledge of infection, immunity and wound repair tends to interest us in hysterectomy for cases of severe puerperal infection, only as a historical consideration.

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Intra-Cranial Neoplasms; Remarks on Diagnosis and Indications for Treatment.*

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Cerebral tumours is a trite subject; but as recent researches have added much new light to their diagnosis, and as great improvements have been devised in operative technique, a neurologist need offer no apology for presenting compactly facts which shew that the attitude of despair is entirely unwarranted, and indeed that intra-cranial tumours do not compare unfavorably with tumours of the abdomen as regards successful operative treatment.

I am at one with Jones (1) in the opinion that the niceties of neurological diagnosis and the elaborate technique of intra-cranial surgery can hardly be attained by the same man, notwithstanding Cushing's opinion to the contrary (2). What the surgeon requires is that the diagnosis be made early enough to prevent the untoward results which the earlier operators feared, but which have now been eliminated, thanks to improved neurological diagnosis and the newer surgical technique which we owe to Horsley (3), Krause (4), Hartly, Frazier (5) and lastly Cushing (6), who has still further improved and standardized operative procedure upon the cranium.

Remember that intracanial tumours are not so uncommon as the general practitioner believes (7); for many of them remain undiagnosed until after death, and indeed quite a number are found in the necropsy room of the insane asylum, never having been suspected during life for want of a sufficiently early examination by a competent neurologist.

General Symptoms.—Upon the *general symptoms* of intracranial tumour, I shall not enlarge, especially as one of them, i.e. *headache*, has been pretty fully considered in a recent paper (8); but of the headache it must be insisted upon that it is often paroxysmal and intermittent. As it is a functional disorder depending upon increased intracranial pressure, it varies with the ebb and flow of this; for increased pressure is usually due to distention of the ventricles on account of stoppage of discharge of cerebro-spinal fluid via the foramina of Munro, the iter of Silvius, the foramina of Majendie and Luschka. Congestion of a temporary character may block any of these for a time; so that when the congestion subsides the fluid again flows and the headache ceases.

The same mechanism explains another common symptom of intra-cranial neoplasm, i.e. *transient amblyopiae*. Very often they appear so unimportant to the patient that he forgets to mention them; so they should always be asked tor. A history of sudden dimness of sight quickly passing off naturally leads to an examination of visual fields; and this should never be omitted where cerebral tumour is suspected; for one of the very earliest signs of increased tension is a contraction of the field for blue and its interlacement with that for red, along with sometimes a concentric contraction of the former field. This was once supposed to be stigmatic of hysteria; but it is not so, as has been shewn by the careful series of observations of Bordly (9) who has found the inversion to be one of the early symptoms accompanying the increased tension of intra-cranial tumour. He has found it absent in only two out of forty cases perimetrically examined. It is irrespective of choked disk and of the location of tumour. It is one of the first symptoms to disappear after decompression, and

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may do so long before complete subsidence of the œdema of the papilla. In their paper Bordly and Cushing (10) laid down that "Failure to investigate the eyeground and plot the visual fields in the examination of a patient the victim of headaches is equivalent to a neglected urinalysis when there is pain in the back and œdema of the feet."

The *periodical incidence* of the symptoms of intracranial tumour is exhibited by the vertigo, nausea and vomiting which are among the general signs, although each of them may in certain cases indicate a focal lesion. Because of this periodicity, a clinician is apt to underestimate the significance of complaints of vertigo and nausea for the patient while being examined may himself deprecate or forget to relate his sensations, which he remembers only imperfetly on account of the partial obnubilation of his faculties on account of a new growth. The best method of obviating this is to ask the patient to chart as they occur the sensations he feels from day to day. To shew you the value of this method, I cannot do better than reproduce such a chart. It was made by a boy of fourteen in whom we suspected a neoplasm of the cerebello-pontine angle.

"Every time I get up or move my head I get still dizzier. I cannot breathe good through my nose at all. Sometimes when I breathe it pains my eyes and my head. Once in a while my ear. I cannot keep my head and shoulders up long, before they sink down again. At different times I feel something jump in my body and a pain follows. My feet have not got much feeling in them. My head is at dizzy at all times.

"March 14. My feet pained all day; once in a while I would feel a pain either in my ear, eye or my head.

"March 15. My feet pained part of the day. Pain in my chest for a while and my side. My ear pained two or three times.

"March 16. My feet did not pain so bad today. My head and my ear pained once in a while.

"March 17. My head pained all day. My feet pained badly. Every once in a while my ear or eye would pain.

"March 18. My feet pained part of the day, so did my head, and ear and my eyes.

"March 19. My feet pained in bed, when I got up they did not pain. My had pained a little and my ear. I can hear a little in my right ear but still I cannot understand talk. I feel better when I get fresh air.

"March 20. My side pained for a while; so did my head and eyes. My feet pained little pains in different places. Sometimes my head pains,—the pain leaves my head and goes through my teeth.

"March 21. Side and chest pained. My head and left ear pained for a while. Eyes pained a little at night so did my feet.

"March 22. My head and eyes pained all evening. My feet pained a little. My right ear pained a little.

"March 23. Eye and right ear pained; my head a little. My feet pained a little and my side.

"March 24. My head and eyes pained little, feet pained a little. Whenever I blow my nose my ears feel like they are stopped up with something.

"March 25. My feet pained little; side pained a little; my head and eyes pained a little.

"March 26. My head, eyes and ear pained a little. My teeth pained; my head a little. My feet pained a little, and my chest and side."

The symptoms of nausea, vomiting and dizziness occurring together arise from *irritation of the bulb* by pressure, not necessarily of a tumour, in that vicinity. Another bulbar symptom often overlooked is the respiratory and cardiac embarrassment with subjective feelings of angoisse and fear of death. Dissolution indeed may occus thus; although it is more usual in subtentorial growths which invade or dislocate the vital centres in the bulb. Such was the case which Brissaud (11) foresaw in a woman of thirty-three years who had had violent occipital pain, intense dizziness and later vomiting. Whenever she bent her head vertigo ensued; objects seemed to turn round her; she was irritable, very asthenic; and had double papillœdema and diplopia, but no stiffness of the neck. One day after a sudden crisis of pain she was found dead in bed. It was a tumour of the vermis, which had invaded the right lobe.

Before leaving the general symptoms, *optic neuritis* must be spoken of. The term is a misnomer; for it is now quite certain (it has been determined by experiment) that the condition is not an inflammation. but a mere stasis, more especially of the lymph flow, produced mechanically. What the old observers called neuritis is nothing but the first or last stage of complete choking. Furthermore, the stellate figure supposed to characterize albuminuric and diabetic neuritis is in the main mechanically produced. Bordly (12) has shewn that neither by opthalmoscope nor microscope, can one detect essential differences in marked cases of choked disk with retinal œdema

It is right to explain that "pain" is a term used most indiscriminately by many patients to express any sense of discomfort.

due to neplasm and the neuroretinitis of diabetes or nephritis. Furthermore, capillary-venous exudates and arterial hæmorrhages may complicate either condition, although of course they are more common from the degenerated blood vessels of a constitutional disease. The mechanical backward pressure is the cause too of the congestion of the eyelids to which Cushing has come to attach great significance in cases of suspected intracranial neoplasm.

The *progress of papillœdema* is perhaps the most important of all signs which guide the question of operation and this not only in tumours but in any form of intracranial hyper-tension. Not that the stage of neuroretinal œdema corresponds with duration of growth; but its rapid increase indicates urgent need to relieve tension.

Not much significance can be attached to unequal œdema of the two disks, although tumours of the hemispheres, especially of the temporal lobe, may interfere with the lymph circulation in one arachnoid space considerably more than in the opposite space, and so cause an œdema greater in one papilla.

Papillœdema declared itself first homolaterally in 80% of the cases observed by Bordly and Cushing (13) during the development of a tumor and in 70% the greatest involvement was on the side of the tumour. It must be remembered that papillœdema is neither a constant symptom nor a permanent one after its occurrence. Cystic degeneration of a tumour may relieve pressure, the obstruction of a ventricle may be removed, the cerebro-spinal fluid may escape by forcing an aperture through the cribiform plate and escaping by the nose or the sutures of the skull which may burst apart and so relieve pressure.

Choked disk *may* not cause any marked diminution of visual acuity; and it may last for years without doing so. But as a danger signal, it is of great value. It may be masked by a general œdema of the retina, and only detected on its subsidence. Thus, although in most cases it is a valuable guide to operation, it is not absolutely so. The best of all guides is the state of the visual fields. Extreme contraction of these indicates urgent operation; for loss of central vision is rarely regained even after an operation.

Can we find a better instance of the advantage of the co-operation of specialists. The opthalmologist, the neurologist and the surgeon is each required. Of course the preliminary suspicions may be aroused in the examination by the general practitioner or internist; and even inversion of color-fields can be detected by the doctor without a perimeter, as I have recently determined. The examination requires great care, however, and is not quantitative. It is, however, absolute and unequivocal; and I think may find a large usefulness in the future, just as has the moving finger test for hemiopia and for high degrees of contracted visual field.

A New Method.—The test is performed by simultaneously approaching the field of vision with two pieces of paper of an intense blue and red. The normal person first sees the moving object, later detects the blue color, and lastly discerns also the red. If the blue is not seen before the red the case is suspicious at least, if the technique is properly performed. The suspicions may then be confirmed or set at rest by the quantitative perimetric findings of the opthalmologist.

Subtentorial Tumours—The most precocious and severe general symptoms usually result from tumours beneath the tentorium cerebelli. When these are outside the cerebellum itself, it is rare that they do not interfere with the function of one or more cranial nerves before they cause increased tension. Interference with the conducting tracts of the medulla and pons is also quite frequent.

The chief signs to look for are (1) æsthetic perturbations of body and limbs opposite to the growth, or if it is on the floor of the cranium (2) spasticity, exaggerated deep reflexes, extension of the great toe, and other signs of pressure upon the cortico-spinal (motor) fibres.

The cranial nerves will be interfered with on the side of the lesion as a rule. The result may be (3) internal strabismus with diplopia (4) hypaesthesia of the face, perhaps with (5) neuralgia, (6) paralysis of the face, (7) onesided deafness and (8) tinnitus, and usually (9) vertigo and a (10) tendency to fall to the same side as the lesion.

These symptoms render the topographical diagnosis easy *until the symptoms are masked* by those of the internal hydrocephalus which ensues, sometimes very rapidly in such cases, especially when the growth is an infiltrating one which does not destroy the function of the nerve fibers passing through it but which can block the ventricle when it reaches it, or do so by the distortion it may cause. Pressure and distortion are rarely so great as Guldenarm's (14) case in which left-sided neuralgia and palsy and midriasis, and falling to the left were due to a tumour of the right cerebello-pontine angle which crowded the pons and cranial nerves against the left side of the base-occiput.

Sometimes tumours here originate from the auditory nerve; and these, in common

with most tumours in this locality, are among the most benign and operable, as well as easy to diagnose of all intracranial neoplasms; but I cannot too strongly insist upon precocious diagnosis; for a tumour in this situation soon pushes the brain stem to one side; and the abrupt relief of this by operative removal of the growth may cause sudden death by paralyzing the respiratory and cardiac centres.

Cerebellar Tumours (15).—*Vertigo* and *dysergia* are the most manifest early symptoms are precocious relatively to those from tumours above the tentorium. A tumour should be strongly suspected before the latter occur; but both vomiting and headache tend to be frequent and severe, and papilloedema ensues rapidly. Objects seem to move usually away from the tumour, and the patient staggers towards the lesion as a rule.

The dysergia is shewn by:

I. Rapid pronation and supination of the hand being more slow or clumsy on the affected side, *dysdiadocokinesis*.

II. By failure to bend the knees when the patient from the standing position is made to lean far back.

III. By a jerky and needlessly high lifting when the patient endeavors to kneel upon a chair.

IV. By a tendency of the thigh to flex when the patient sits up from recumbency.

V. By the usual finger to nose test which often reveals the tendency to pass the point aimed at, the hand sometimes violently knocking the face.

A New Test. VI. (16) When the patient, in drawing a straight line, tries to arrest the movement at a fixed point, he will be unable to do so, the pencil travelling beyond. I have devised a practical application of this test as follows:— A horizontal line A. is drawn across a piece of paper. A perpendicular is let down from its left extremity. Three vertical marks a, b, c, are made at equal distances along the horizontal line. The patient is then directed to draw, beginning at the vertical lines 1 2 3 one below the other, and each stopping abruptly at the marks a b c respectively. They must be drawn rapidly and each with a single movement. The normal person will pass the limit only very slightly, and will make hardly any returning stroke or movement of the arm. Cerebellar dysergia is indicated by excessive length, and especially by a too great movement of recovery whether the paper is marked or not.

These symptoms are *homolateral;* but when the vermis is involved there is a tendency to fall backward or forward and both arms shew the signs.

A coarse *tremor* may be a feature of such cases; but it only occurs when movements are attempted. Constant coarse tremor means involment of the red nucleus or of its efferent fibres the rubro-spinal tract.

(17) *Test for Tremors.*—A tremor is best elicited by the feeling of crackling on placing the pulps of the examiner's separated fingers against those of the patient, who must first fully extend the arms, while over extending the wrists. It seems to be analogous to that employed by Quinquad (18), who regards it as pathognomonic of chronic alcoholism.

The *asthenia* may reach a degree of almost complete incapacity; but save a heightened excitability of the deep reflexes, none of the signs of pyramidal tract disease are found. Dorsiflexion of the great toe never occurs; and the abdominal and cremasteric responses do not disappear during uncomplicated cerebellar disease.

Hypotonia is a prominent symptom (19). It is shewn (11) by the absence of recoil when the examiner suddenly ceases his resistance to strong movement; (2) by the forced passive over-flexion with the hip-joint permits; (3) The knee can be easily over-extended. In the trunk, it is revealed (4) when the patient stoops down with straight knees; for the vertebra prominens can be depressed to a lower level than that of the great trochanter only when abnormally lax.

Definite ocular paralyses are due to the extension of the growth or its pressure upon the VI nerve or posterior longitudinal bundle; but the asthenia includes the ocular muscles; and one often finds relative insufficiences in looking towards the lesion, accompanied by a slow lateral *nystagmus*, most marked in the homolateral eye when doing so. Skew deviation may occur temporarily: it is so evanescent that it is often missed.

Also evanescent is the peculiar *attitude of the head* which sometimes occurs: it consists of the occiput being rotated and drawn downwards away from or on the side of the lesion while the face looks upward and toward or away from the side of the lesion depending whether the lesion is irritative or paralytic. It is not a permanent sign; and indeed it may be preceded or replaced by a reversal of these positions. (20).

Supratentorial Growths.—Curiously enough the tumours which most resemble symptomatically those of the cerebellum are growths in the *frontal lobe*. They do so mainly late in their course, and they do so on account of the (1) ataxic tremor, first described by Bruns, (21) which often accompanies them; (2) because of a reeling gait which sometimes occurs, but is really due to weakness of the trunk muscles, and

because (3) they are sometimes undiagnosed before general pressure symptoms have implicated the cerebellar apparatus in the posterior fossa.

When the growth is *cortical*, if in the *post-frontal* area, there may be (1) Jacksonian fits beginning with conjugate deviation of head and eyes away from the tumour. (2) If on the left side recurrent aphemia may attract attention. (3). If in the orbital lobe, homolateral anosmia may be produced. (4) If emphrosthotonos or opisthotonos occur, we may suspect an involvement of F 1. While if the tumour is in F2. (5) conjugate movements of head and eyes may result; and these may extend to the opposite arm.

The case of B. Silva (22) well illustrates the march of *frontal lobe crises*. They began with a (1) psychie aura, a feeling of fear, and a puckering of the brow. Then (2) the eyes were turned downwards and to the right and (3) the eyelids closed; (4) the mouth was drawn upwards, and outwards to the right and backwards, (5) the muscles of the neck contracted; (6) the shoulder lifted up, (7) the arm flexed. (8) Then came a clonic phase in the same order. This, which illustrates the pure prefrontal syndrome, was produced by a minute serous cyst measuring 6 millimetres, in the foot of the middle frontal, and there irritating below (1) the cortical central of the superior facial, followed by (2) the inferior facial; above and in front it irritated (3) the centres for movement of head, trunk and eyes; posteriorly it (4) brought into play those of the hand and arm. It is interesting to note that both sides of the forehead and both eyelids acted, thus indicating bilateral innervation of these movements.

Tumours of the 3rd frontal rarely cause complete aphemia; bradaphasia or paraphasia and whispering voice are more usual. To produce motor aphasia, they must entirely destroy the foot of the convolution.

It cannot be too strongly insisted that tumours rarely destroy; their usual effect is infiltrate, irritate or compress.

It is remarkable how often frontal tumours lead to generalised epileptiform convulsions, Deep frontal tumours are characterized above all by intellectual deficit.

When Subcortical one should look for a difficulty in turning the head and eyes to the opposite side of the trunk.

Diagnosis from Hysteria.—Prefrontal tumours tend to shew *mental symptoms*, (23) more especially amesia, slowness, lack of attention, sleepiness, and sometimes a childish emotionalism and a tendency to foolish jokes, or irritability, sometimes with violence. On account of the evanescent and recurrent nature of these symptoms, hysteria has often been diagnosed in such cases. This error should not occur to the observer who recollects that a hysterical symptom can be both *brought on and removed by suggestion*. (23a) The amnesia, etc., of frontal tumor is *not removable by pyschotherapy;* but spontaneously appears and disappears from one day to another. Of course, one must not diagnose frontal tumour merely because of mental dullness; for this is a prominent feature of all tumours as soon as the cerebral pressure is much increased. The significant mental impairment is that which occurs *before* there is headache, papillœdema, interlaced color fields, vomiting or other evidence of general intracranial hyper-tension. Neurasthenia is often diagnosed in the early stages; *early consultation would obviate this error* in such cases. The mental dullness of cerebral tumour is not a result of the headache, as has been stated: it is due to interference with neural conductivity by the infiltration of the growth or the œdema, which is again the cause of the epileptiform convulsions.

These are usually late phenomena unless the neighborhood of the central cortex is implicated, in which case the attacks are usually Jacksonian; and as reflex iridoplegia is presented during the attack they should never be mistaken for hysteria. Remember, however, that Jacksonian attacks have been caused by a growth extending from the cerebellum and blocking one lateral ventricle. Remember too that *late in the disease* abducens palsy is of little localizing significance, as it may simply be due to a dragging upon the VI nerve by the combrain.

Tumours of the Precentral Region are characterized by motor weakness of the spastic type and Jacksonian attacks. If the growth is *cortical*, the latter are apt to be precocious; if the growth begins in the *white matter*, pareses usually precede convulsions, which too are less apt to begin on each occasion in the same muscle group.

If the *Post Central* region is involved, a sensory aura often precede the convulsion, which too may be followed by sensory losses as well as the motor weakness. These losses preponderate upon the sense of attitudes, especially of the distal segments; and there may be asteriognosis, and usually marked atopagnosis. When these tumours extend or begin posteriorly, they may implicate the angular and supramarginal gyri and *word blindness* may result from a left sided growth. Beevor (24) has recorded crossed amblyopia from a lesion of the angular gyrus; but *hemianopia* is more usual,

on account of the implication of the underlying optic radiations. It is of the crossed homonymous variety. Epilepsy is often diagnosed in these cases. But convulsions commencing in mid-life usually indicate either chronic alcoholism, syphilis or neoplasm.

Early hemianopia is the characteristic of these. It may be quadrantic; for if the lesion is confined to the cuneate lobule only, the lower quarter of the half-field is lost. If the linguinal gyrus is destroyed, the upper quadrant is blind. There will be contralateral *visual hallucinations* in the early stages of a cortical growth here, the evanescent hemianopia which follows these gradually becoming permanent as the tumour grows. Lastly, these tumours may press or extend downwards and produce cerebellar symptoms.

In Tumours of the Temporal Lobe, there are focal symptoms (1) if Heschl's convolution (on the Silvian surface) and the adjacent 1st temporal lobe are affected on the left side, when *word-deafness* develops; 2 (when the growth is near the uncus, there occur peculiar *unpleasant tastes and smells* followed by a dreamy state accompanied by a *sentiment of unreality*, and the lips may smack during the attack which is to be diagnosed from psychasthenia (25). Such tumours may be spread to the optic tract; and cause early hemiatrophy of the disc, or papillœdema of the temporal half on the same side and of the nasal half in the opposite eye. Tumours in other situations are diagnosed easily when the clinician knows the topography of the nervous system; and this is not the place to describe what can be found in the text-books of Starr (26), Stewart (27), Duret (28), Bruns (29), Oppenheim (30), as well as in numerous journals. Of special value is the communication of Collier (31) and some of the bulletins of the University of Pennsylvania. I have said nothing of the pseudo-tumours described by Nonne (32) and Hoppe (33). I hope to discuss these along with a personal case in a future communication.

Some Phases of Endocarditis.*

By Alexander G. Brown, Jr., M.D., Richmond, Va., Professor of Theory and Practice of Medicine, University College of Medicine; Visiting Physician to Virginia Hospital, etc.

In considering endocarditis it is not my purpose to deal with the usual and ordinary symptoms described in text-books. It is not my purpose to endeavor to add to the experimental literature of this subject. It is my purpose to deal with some clinical points that have presented themselves to me during the last few months, as I have had under observation a series of cases of this character; and to draw attention to some newer work in this field in emphasizing my clinical points.

The usual conception of the clinical course and evolution of endocarditis is that it is an acute disease manifesting itself in a more or less definite form, that it appears during the course of an infectious process as a complication; for instance, during an attack of rheumatic fever, show itself in form; murmurs at one or more valves, dyspnœa, pain, petechial spots, septic fever, rapid pulse, frequent cough, bloody sputum, cyanosis, sweats, profound prostration, etc. First, there is a group of cases of endocarditis, not infrequently difficult of true interpretation that run a long course in which the heart syndrome may appear upon the clinical stage only at intervals. In such cases the obscurity of the real pathologic state makes confusion in diagnosis, but the persistence of symptoms centering around the heart itself; possibly, now and then, quiescent to the observer; the irregular fever, the occasional chill, the periodic oppression over the precordium, faintness and shortness of breath, cyanosis, the rapid, irregular and flat pulse, decidedly point to the endocardium as the location of the cause of the clinical phenomena. Some of these cases are ambulatory. Some are treated for malaria, others for "walking-typhoid" fever, some for tuberculosis, some for various acute conditions that may appear at the time most favorable as an explanation. There are other cases of this type that show only general weakness, nervousness, insomnia, mental unrest with a low temperature at intervals, with or without heart murmurs. Other cases of this type are characterized by emaciation, loss of strength, general weakness, nervousness, palpitation of the heart, cardiac pain, air hunger, signs of heart lesions, etc. These cases may be also ambulatory and of long duration. These are cases of chronic infective endocarditis. This phase of endocarditis has been recently described by Billings (1) in a study of fourteen cases, which he has confirmed by blood cultures and by autopsy. Those interested will find this an excellent presentation of the subject. I desire to add a case which has not come to autopsy but which presents positive signs of this chronic infective endocarditis.

Case:—J. P., white, male, aged 13 years, in 1905 had an attack of rheumatic fever of six weeks duration, recovery with fixed lesions in the heart, aortic regurgitation and mitral regurgitation. In the winter of 1906 patient had another mild attack of rheumatic fever with symptoms of endo-

*Read before the Richmond Academy of Medicine and Surgery, April 26, 1910.

carditis. Since patient has had periodic syndromes of cardiac type without rheumatic articular phenomena. These paroxysms are characterized by high range of fever, rapid watery pulse, dyspnea, throbbing venous pulse. The interval between the attacks varies from three months to six months. The severity and duration varies. During the last year the attacks have been more frequent and of longer duration. The loss of weight, the weakness, the nervousness, the insomnia and mental symptoms are more pronounced. No blood culture has been made. Examination during these illnesses reveals an apex beat diffuse and greatly displaced with retraction systolic in time; general precordial cardiac impulse; cardiac dullness well beyond the right sternal border and general loss of compensation and gallop rhythm. The high temperature and great prostration, excited state of mind mark each illness. The diagnosis of an infective endocarditis engrafted upon the sclerotic leaflets has been borne out by the course of the case over five years.

Meyer (2) emphasizes this point by reporting six cases that show a chronic infective endocarditis upon previous cardiac lesion. In his cases he notes as most important the following symptoms: fever, petechia in the skin, in the conjunctiva (in some cases before they appear elsewhere), infarcts of internal organs, glandular enlargement, with or without distinctive cardiac signs.

L. Guinon (3) has reported an interesting case that illustrates this class of cases. It was a case of a 10 year old girl in which the first symptom was left hemiplegia with disturbance of speech. Following this appeared convulsions, Kernig's sign, stiffness of neck. The second week showed a pleuropneumonia and embolism in internal organs. Cardiac lesion was recognized late in the syndrome. Autopsy and bacteriologic findings confirmed the diagnosis of chronic infective endocarditis.

The advances in our knowledge of endocarditis by blood cultures is another phase of this subject that I wish briefly to point out. The study of these cases, to be made most accurately, must be by blood culture. This work has been done with considerable value by Rosenow in a series of cases. With a sharp hypodermic needle the blood may be secured from some prominent vein. By this means the source of the infection and its specific nature is determinable. In one group of cases the infection originated in a primary pneumonia, in tonsilitis, in alveolar abscess, in grippe, infections in the aural cavities, and antra. The streptococcus infection has been met with frequently. In Billings-Rosenow series pneumococcus infection confirmed by careful control animal experiments. The conclusions reached by Rosenow are worthy of quotation:

"The blood culture in endocarditis is the best means of making an early diagnosis. It should always be made for identification and study of the infectious organism as well as for prognostic reasons. Barring accidents the greater the virulence the graver the prognosis."

Negative results in blood culture have a diagnostic value in the interpretation of clinical phenomena of the morbid endocardium. While the positive finding is important in associated cardiac symptoms the negative and repeated negative blood culture possesses peculiar significance in the clinical problem. For instance, to impress one side of the negative culture result, one case is reported in which the blood culture was persistently negative in spite of the persistence of clinical signs of infective endocarditis. In this case autopsy showed an abscess (gonorrheal) of the mitral valve, the encapsulation of the cocci rendered detection by blood culture impossible at this period of the infection, possibly it would have been positive at an earlier date. In cases of chronic valvular lesions that take on an acute syndrome simulating what is called malignant endocarditis the negative blood culture constantly secured would justify the clinician in looking carefully for local infections at other points in the body. In such cases the negative blood culture would afford the practitioner reassurance that the probability of acute infective endocarditis was small. One case is cited in which the obscure point of infection was in the form of an osteomyelitis of the upper end of the femur which upon discovery was promptly relieved by operation and was marked by a disappearance of the constitutional disturbance (5).

Another phase of endocarditis (which I desire to direct attention to) is the relationship of syphilis to aortic endocarditis. A case in my practice directed my attention to this point as one worthy of consideration. Mrs. R., aged 45 years, contracted syphilis from husband early in married life. When seen presented symptoms resembling a left pleurisy and grip. In few days cardiac lesions was detected. Case assumed classical picture of ulcerative endocarditis. After some weeks of illness with all symptoms apparently assuaging and general improvement manifest, patient without warning suddenly died in slight convulsive seizure. The clinical diagnosis could not be confirmed by autopsy. The intimate and frequent connection of endocarditis at the sortic orifice and true aortitis with syphilis has been long clinically considered. Such

masters in medicine as Ambrose Pare and Morgagni recognized the etiologic relationship but our present day view of this phase of cardio-vascular pathology is due to the work of Heller at Kiel. With the development of the Wassermann and Noguchi reactions and the discovery of the spirochetes it is possible to enter the study of the clinical conditions of the heart and blood vessels with more assurance of diagnostic exactness. The present value as far as my reading goes of the spirochetes in this work is little because of the limitations of establishing their presence even when dealing with typical lesions of the tertiary form. But with the reactions of Wassermann and Noguchi modification, pathologists familiar with the technique and modus operandi can be of great assistance to the clinicism in such cases. Kaplan (6), who has recently written an interesting article on the two reactions (5) "With proper technique and well balanced reagents it is possible to report correctly in 98% of these cases." While the application of these reactions have not been as generally used in heart and vascular cases as in such nervous syphilitic diseases as tabes and paralysis yet the work of Frenkel, Much and Citron in aortic insufficiency and the finding of Wright and Richardson (7) of a structure-morphologically indentical with spirochetes pallida in fice cases of aortitis gives hope of valuable addititions to clinical diagnosis of all such lesions, especially in the case of aortic endocarditis and its complications secures another brilliant means of exact therapy as well as in diagnosis. Adler has claimed that syphilis plays an important part in all aortic lesions. This can be relied upon as approaching the fact in all cases in which rheumatism has been excluded as a possible primary cause. Collins and Sachs (8) have studied thirteen cases in which the disease was limited to the aortic orifice. Positive Wassermann was obtained in 92%; in 77% it was strongly positive. Of the 13, 8 acknowledged syphilis; five either denied or were ignorant of it. In another series of eleven cases of mitral endocarditis the Wassermann reaction was positive in two only, negative in nine. In all these cases syphilis was denied. It seems from this review of this phase of endocarditis that in aortic lesions syphilis may be considered the great causative factor. To emphasize this point let me quote a case cited by Collins and Sachs: "A young man, aged 37, was admitted to the City Hospital with symptoms that suggested aneurysm, but the preponderence of evidence was finally in favor of the aortic valves. The diastolic murmur was over the entire aortic area, which was propagated down the sternum, the Flint murmur, the forcible apex beat, and the hypertrophy, despite the apparent difference in the radical pulses, indicated aortic regurgitation. The patient made a remarkable recovery under rest and mercurial medication, which was pushed to the extreme as a result of the positive Wassermann reaction. Citron's study of aortic insufficiency, coming to Kraus' clinic for a year and a half prior to last summer showed that, although only 14% gave personal history of syphilis and only 26% evidenced suggestive clinical signs, 62% gave positive serum reaction.

There is another group of endocarditis that have been brought to my notice within the last few months. I refer to cases of acute septic endocarditis appearing as a complication of the puerperium. Case (a) was a patient of Dr. R. W. Miller of Barton Heights and was seen in consultation. After delivery patient had run a slight septic fever. Uterine cleansing was practiced immediately and patient appeared quite normal. Soon cardiac symptoms developed. Careful examination of the heart revealed no murmur, but a fluctuating fever, an occasional chill, a rapid pulse and a periodic alarming slow pulse, dyspnea, and feeble heart sounds made the diagnosis plain endo-myocardial inflammation. After many weeks in bed and most careful management of the case Dr. Miller brought this case to a good recovery, although the case was ugly and alarming at times.

Case (b) was a patient of Dr. J. A. Hillsman, of Richmond. She had been a fortnight before, by operation, relieved of a dead six-months fetus. She had been skilfully treated locally and the pelvic region offered no explanation of the clinical picture presenting when seen in consultation. She had a chronic mitral lesion. Compensation was broken, the pulse too rapid to count, the liver line approached the umbilicus, the base of both lungs were consolidated, the heart was in gallop rhythm, and dilated, the temperature was 103° F., the urine was scant and bloody, the sputum was blood-stained, there was petechial spots about the body, patient was supported upon pillows in sitting posture with rapid and labored breathing, etc. Diagnosis of acute septic endocarditis and broken compensation was made. After several months' treatment the case has been restored to fair health. The cardiac lesions at the mitral orifice is well cared for by the endocardium. These cases emphasize the importance of cardiac examination during the puerperium, especially in cases that show any signs of infection. In such cases the blood culture would

afford the clinician valuable therapeutic information.

Literature.

(1) Billings, Arch. Intern. Med., Vol. 4, No. 3.
(2) Meyer, Med. Record, N. Y., Dec. 7, 1907.
(3) Guinon, Bul. de la Soc. de Pediatre, April, 1908.
(5) Libman, J. A. M. Sc., Vol. CXXXVI, No. 4, p. 548.
(6) Kaplan, idem, Jan. 1910, p. 82.
(7) Editorial, J. A. M. A., May 22, '09.
(8) Collins and Sachs, J. A. M. Sc., Sept. 1909, p. 344.

Subcutaneous Traumatisms of the Kidneys.

When the kidney is subjected to a severe injury its true capsule, according to Noever (Ann. de la Soc. Belge de Chir.) is almost invariably ruptured, and an extravasation of blood, and possibly of urine, takes place into the fatty capsule, which, as a rule, remains intact. Usually the hæmorrhage soon ceases, but if a large vessel be torn, an enormous hæmatoma may form. The fate of the resultant perirenal hæmatoma is very variable. In many cases it becomes gradually organized, and spontaneous cure results; in others it becomes infected and a perirenal abscess follows; whilst in a considerable number of cases it persists, and, acting as a foreign body, excites an inflammatory reaction in the surrounding tissues, with the formation of adhesions to the diaphragm, peritoneum, and colon. If the extravasation following the injury be chiefly urinary, a traumatic pseudocyst forms, and this may rupture at a later date into the pelvis of the kidney, or if the ureter be occluded, may persist, as occurred in a case recorded by Noever.

Whatever be the nature of the effusion, early operation should be undertaken, and the operative measures should be as conservative as is possible, the ruptures in the kidney being sutured; and even when a portion of kidney is torn off, the hæmorrhage may be arrested by sutures traversing the parenchyma. In operations carried out some weeks after the injury, anything more radical than simple evacuation of the partly organized blood-clot is inadvisable, owing to the extensive and dense adhesions which are always present in such cases.—Edinburgh Medical Journal.

Collargol in Septic Infections.

Albrecht, in a paper read before the Munich Gynecological Society, critically reviews the therapeutic significance of collargol, as shown by forty-five cases treated at Second Gynecological Clinic in eighteen months, and representing a great variety of septic infections. Of the four modes of administration—by inunction, per rectum, intravenously, and per os—the author recommends only the gradual intravenous injection of 1 to 2 Cc. of 5-10 per cent. suspensions. He considers collargol a valuable therapeutic agent in cases of septicemia and pyemia of medium gravity; in severe resorptive fevers, accompanied by obstinate and enduring toxanemia, more particularly in all such cases, where in spite of local treatment and apparent localization of the infective process, unchanged high temperature and pulse indicate the presence of a deep-going tissue involvement and a progressive surcharge of the blood with toxins. In these cases the reaction is prompt and distinctive.

According to the author, collargol should be given a trial in all cases of puerperal infection, because it is impossible to diagnose the gravity of the infection at the beginning, and also on account of the prompt reduction of temperature and improvement of the general condition which it brings about. In very severe bacteriemiæ, in purulent peritonitis, parametritis exsudativa, and in virulent localized suppurations, collargol in acute cystitis and in pyelitis, as well as the proved innocuousness of the product. He does not ascribe antibacterial action to collargol, and questions its leucocytogenetic properties, but believes that its efficiency is due to a catalytic action, consisting of ready absorption, accelerated oxidation, and consequent decreased virulency of the toxins.—Muench. med. Woch.

"Nothing too strong can be said in favor of Tongaline. I have prescribed it many times and it has proved satisfactory in every case."

"For years I have used Tongaline and I consider it a valuable arrow in the quiver with which to fight that hydra-headed evil, rheumatism, especially when there are any gouty complications."

"I have personally derived great benefit from the use of Tongaline for rheumatism. Among the many advantages of Tongaline over the salicylates is its palatability and the fact that it is not trying on the stomach, hence wherever the salicylates are indicated, I invariably prescribe Tongaline."

"Just after you sent me a sample of Tongaline Liquid, I was called to attend a typical case of rheumatic fever, both ankles and knees being affected, accompaneid with much pain and high fever.

I prescribed Tongaline to the exclusion of all other rheumatic agents, supposing that a treatment of several weeks would be required. On the second day after my visit, the patient's mother telephoned me that her daughter was free from pain and was resting comfortably.

About ten days afterwards I called again to ascertain how the patient was progressing and was greatly surprised to find that she was able to attend to her household duties, a marked improvement having occurred from the time she began taking the Tongaline, her appetite had returned and a complete recovery was only a matter of a short time."

Local Treatment of Nasal Catarrh.

M. Clayton Thrush, Ph. M., M. D., of Philadelphia, reports having used Unguentine in a series of twenty-five cases suffering from catarrh of the nose and throat and in cases in which there was considerable discharge from the nose (hypertrophic rhinitis) and also where there were hard scales or inflamed areas developed. In every case, Unguentine proved of great value, affording prompt relief and, when used in conjunction with proper cleansing antiseptics by atomizer or nasal douche, never failed to give excellent results.

An Ideal Ointment Base.

As an ointment base with which to incorporate any active drug or preparation, no more desirable compound can be found than Unguentine, since it is non-irritating and never becomes rancid and, at the same time, possesses sufficient astringent qualities to facilitate rapid healing.

For the Baby's Comfort.

For infants, where the rectum becomes red and inflamed, keep the inflamed area covered with Unguentine and dust freely with fuller's earth. It will heal these cases in a remarkably short time.

Proven Merit Versus Theory.

The thing that counts—results—have proven that a cod liver oil product with the grease left out is as active therapeutically, and more so when its palatability is considered, as the greasy, nauseating, unrefined cod liver oil. It is this feature that has won for Cord. Ext. Ol. Morrhuæ Comp. (Hagee) the good opinion of a large share of physicians, and it is why they continue to use it day after day. It not only possesses every virtue of the crude oil, but its value has been enhanced by the addition of the hypophosphites of lime and soda.

In anemia, loss of appetite and during convalescence, to promote assimilation when the appetite is impaired and an aid to digestion is desired, Elixir Maltopepsine, prepared by The Tilden Company, will afford the most satisfactory relief.

Enteroclysis.

S. Newmayer, M. D., Philadelphia, Pa., states: Among the varied causes of convulsions none play a more frequent and important part than autointoxication. They are more frequent in children, due generally to a possible overfeeding, improper food or constipation. The intestinal canal contains a variety of toxins derived from the ingesta, bile and putrid material. There is continuous absorption from the intestines, including the taking up of toxines.

In the acute infections, where convulsions is ofttimes a forerunner, autointoxication from the intestinal tract undoubtedly is of no minor importance. Infections are the result of microbes and we know these bacteria produce something injurious to the system—they elaborate poisonous ptomaines or toxic substances. Nature tries to rid the body of this poison through its various channels of elimination, one of which is the intestinal canal.

It is here we can aid Nature with our antiseptics. The value of internal intestinal antiseptics I believe is greatly over-rated. Many of these drugs are soluble and absorbable and those that are not are so often given in such small doses that in the long journey from the mouth through the intestinal tract they have spent most of their value before they have proceeded far.

Not to employ internal antiseptics would be unwise. But I would urge a more liberal use of antiseptic solutions by means of the rectal tube. This enteroclysis has not only its antiseptic value, diminishing the toxicity of the intestinal tract, but ofttimes an antipyretic action. This mode of treatment has not been very popular with the physician because of the unclean work, but I am confident the results well repay one for the labor.

In all cases of convulsions, immaterial of the cause, and in any other condition pointing to autointoxication, I flush the lower bowel with a solution of Glyco-Thymoline, one to two ounces to the quart of water.

Glyco-Thymoline is always kept in my emergency grip.

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EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

THE FIFTY-SEVENTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

The fifty-seventh annual meeting of the Medical Society of the State of North Carolina will be held in Wrightsville June 21st, 22nd, and 23rd, 1910.

The officers of the society are as follows: Dr. E. J. Wood, Wilmington, President; Dr. J. Q. Myers, Charlotte, 2nd Vice-President; Dr. L. D. Wharton, Smithfield, 3rd Vice-President, Dr. D. A. Stanton, High Point, Secretary; Dr. H. D. Walker, Elizabeth City, Treasurer.

At the Asheville meeting last June, Dr. J. A. Burroughs, of Asheville, was elected President. He died December 29th, 1909. The by-laws of the Medical Society of this State provide that in case of death of the President, the Councillors shall elect one of the Vice Presidents to act as President. At their meeting the Councillors elected Dr. E. J. Wood, 1st Vice-President, to succeed Dr. Burroughs, deceased. Their selection was very proper.

In looking over the programme of the approaching meeting we observe that the position of first vice-president has not been filled. So far as the writer knows there is nothing in our by-laws, or constitution of the State Society, that suggests how this position, under these circumstances, should be filled, or whether it is necessary for it to be filled or not.

There is every reason to believe that the committee of arrangements will be fully prepared to entertain, delightfully and properly, the visiting physicians. When we mention the name of Dr. George W. Thomas as chairman of the committee of arrangements, it is a sufficient guarantee that the arrangements for the approaching meeting will be everything that will be enjoyable, and (in good taste.)

Judging from the preliminary programme, the character of the papers will be of the best. Reduced rates will be in effect over all railroads leading into Wilmington.

Wrightsville is a favorite place for the State Medical Society meetings. Usually, on account of its accommodations and entertainment and pleasant environments, the meetings are largely attended, when held at Wrightsville.

The following are only a few of the papers that will be presented:

"Abdominal Cæsarean Section; Its Advantage in Complicated Obstetrics"—Dr. D. T. Tayloe, Washington, N. C.

"Gall Bladder and Stomach Trouble"—Dr. F. T. Merriwether, Asheville, N. C.

"Anatomy, Symptoms and Diagnosis Prostatic Troubles"—Dr. T. E. W. Brown, Asheville, N. C.

"Importance of Diagnosis"—Dr. J. A. Williams, Greensboro, N. C.

"Prostatic Troubles"—Dr. W. O. Spencer, Winston-Salem, N. C.

"Rectal Examination in Abdominal Surgery"—Dr. G. W. Pressley, Charlotte, N. C.

"Interesting Case Actinomycosis Cured"—Dr. Jas. M. Parrott, Kinston, N. C.

"Indications for Operation in Parturition"—Dr. E. T. Dickinson, Wilson, N. C.

"Stone in Kidney"—Dr. H. A. Royster, Raleigh, N. C.

"Hematuria in Appendicitis"—Dr. B. C. Nalle, Charlotte, N. C.

"Old Versus New Therapy"—Dr. K. P. B. Bonner, Morehead City, N. C.

"The Therapeutic Enthusiast Versus the Therapeutic Nihilist"—Dr. Mahlon Bolton, Rich Square, N. C.

"Chloroform"—Dr. G. T. Sikes, Grissom, N. C.

"Bacterins and Serum Therapy"—Dr. Albert D. Parrott, Kinston, N. C.

"The Sanatorium Treatment of Tuberculosis"—Dr. A. R. Guefard, Flat Rock, N. C.

"Mastoiditis in Acute Infectious Diseases"—Dr. R. G. Buckner, Asheville, N. C.

"Part Played by Oedema of the Renal Cells in the Development of Anuria"—Dr. Wm. deB. MacNider, Chapel Hill, N. C.

"Physiology in Public Schools and Its Relation to Sanitation"—Dr. Chas S. Mangum, Chapel Hill, N. C.

"Gynecological Operations in the Aged"—Dr. J. Ernest Stokes, Salisbury, N. C.

"The Uses and Abuses of the Uterine Curette"—Dr. Rigdon O. Dees, Greensboro, N. C.

"A Report of Three Cases of Intussusception with Recovery in Infants Under One Year"—Dr. S. F. Pfohl, Winston-Salem, N. C.

"The Role of Infection in Relation to Diseases of the Uterus and Adnexæ"—Dr. L. B. McBrayer, Asheville, N. C.

"Preparation for Certain Gynecological Operations"—Dr. Henry Norris, Rutherfordton, N. C.

"Conservative Gynecology, Pros and Cons"—Dr. W. O. Spencer, Winston-Salem, N. C.

"Experience with the Pozzi Operation

for Dysmenorrhea"—Dr. H. A. Royster, Raleigh, N. C.

"One of the State's Immediate Needs"—Dr. Chas. O'H. Laughinghouse, Greenville, N. C.

"The Physician and the Public Health"—Dr. Richard H. Lewis, Raleigh, N. C.

"The Need of New Laws for the Prevention of Typhoid Fever"—Dr. A. A. Kent, Lenoir, N. C.

"The Signs of Death"—Dr. W. T. Parrott, Kinston, N. C.

"Abuse of the Laboratory from the Standpoint of the Laboratory Worker"—Dr. Paul H. Ringer, Asheville, N. C.

"The Value of a Concise Knowledge of Pathological Conditions in all Diseases, Especially Meningitis"—Dr. J. C. Grady, Kenly, N. C.

"Fracture of the Astragalus, with Forward Dislocation of the Foot"—Dr. R. L. Gibbon, Charlotte, N. C.

"Prophylactic Pediatrics"—Dr. J. Burton Nowlin, Richmond, Va.

"Report of Case of Inflammation of the Nasal Sinuses in Relation to the Eye"—Dr. J. D. Whitaker, Raleigh, N. C.

"Acute Gastroenteric Infection of Children"—Dr. J. W. Halford, Chalybeate Springs, N. C.

"Some Obstacles that may Hinder Advancement in Sanitary and Preventive Medicine Measures"—Dr. J. W. McNeil, Fayetteville, N. C.

"The Country Doctor and Infectious Diseases"—Dr. L. B. Lancaster, Fingerville, S. C.

"Typhoid Fever, the Fluctuations in the Temperature Curve"—Dr. E. C. Register, Charlotte, N. C.

"The Village and Country Obstetrician"—Dr. Wm. Wellborn, Elkin, N. C.

"Hookworm"—Dr. John A. Terrell, Raleigh, N. C.

"Childhood and Youth in Their Relation to Public Health"—Dr. T. A. Mann, Durham, N. C.

"Peliagra"—Dr. R. W. S. Pegram, Dellaplane, N. C.

"The Country Doctor as a Surgeon—When Shall he Operate?"—Dr. Jas. L. Spruill, Columbia, N. C.

"The Effect of Adenoids and Hypertrophied Tonsils upon the General Health of the Patient"—Dr. Joel Whitaker, Raleigh, N. C.

"Carcinoma of the Rectum"—Dr. G. B. Justice, Marion, N. C.

"The Country Doctor"—Dr. J. G. Storie, Mortimer, N. C.

"Influenza"—Dr. Edgar W. Lassiter, Rich Square, N. C.

"The Prevention of Tuberculosis"—Dr. Jas. F. Caraway, Canton, N. C.

"The Management of Catarrhal Pneumonia in Infants"—Dr. J. E. Ashcraft, Monroe, N. C.

"Mental Hygiene in the Young"—Dr. Paul V. Anderson, Morganton, N. C.

"A Peculiar Case of Idiosyncrasy"—Dr. C. L. Pridgen, Kinston, N. C.

"Prophylaxis in Medicine"—Dr. Ira M. Hardy, Washington, N. C.

"Intestinal Protozoa in North Carolina"—Dr. Wm. Allan, Charlotte, N. C.

"The Utility of Climate in the Treatment of Tuberculosis and its Practical Application"—Dr. I. J. Archer, Black Mountain, N. C.

"My Experience with Pellagra"—Dr. J. T. Justice, Kernersville, N. C.

"A Rational Treatment of Hypertension of the Blood Vessels"—Dr. H. B. Weaver, Asheville, N. C.

"Typhoid with Many Complications, Fatal"—Dr. J. M. McGehee, Reidsville, N. C.

"Gastric Neurosis"—Dr. Stuart Mann, Moyock, N. C.

"A Study of Some Parasitic Diseases"—Dr. H. A. Newell, Louisburg, N. C.

"Remittent Malarial Infection"—Dr. L. D. Wharton, Smithfield, N. C.

"Puerperal Eclampsia"—Dr. R. H. Garren, Bessemer City, N. C.

"What we Learn from Actual Experience with Puerperal Eclampsia"—Dr. J. R. Paddison, Oak Ridge, N. C.

"Intestinal Hemorrhage in Typhoid Fever"—Dr. Daniel A. Dees, Bayboro, N. C.

"Report of a Case of Artificial Pneumothorax"—Dr. Mary E. Lapham, High Lands, N. C.

MECHANICO-THERAPY.

For about twenty years there has been a branch of therapeutics in Germany known as mechanico-theraphy, and in the twenty years of its existence there mechanico-therapy has established its right to a definite place in the physicians' "line of defense." The phrase "line of defense" is chosen aptly, for our medicine of today is like an army divided up into its component parts for battle. Preventive medicine is that part of the army that by reason of its strength and invulnerable position prevents the enemy from attacking. It practically is the "flying squadron" which routes the enemy before it can attack in force. Symptomatic medication is like the skirmishers and advance guard of the army whose duty it is to worry and weary the enemy as much as they can, sometimes winning out through the exhaustion of the foe. Specific medication is like the main body of a well-equipped, well-drilled and tried army,

sweeping on to victory, sure in its ultimate success over the enemy by reason of its past victories over the same foe under the same conditions, and in the knowledge of its own power. Mechanico-therapy belongs in the next and last line, which of the army would be the reserve and final line of defense. It is here that those who have suffered in the battles are looked after and made ready for future frays. After severe illnesses of various kinds, surgical conditions or medical cases as they may be, it is on this line that the physician finds himself with his patient. The latter's life has been saved but at some cost and reparative measures are in order. Mechanico-therapy is one of the reparative measures suitable for use in certain cases, but in certain selective cases only. It being no cure-all it will not take the place of any necessary internal medication and oftimes is best used in conjunction with drugs of various kinds, particularly tonic preparations, for the reason that patients requiring mechanico-therapy usually can also take with advantage to themselves this class of drugs anyway, even if no others are indicated. Many therapeutic measures, such as massage, etc., come under the head of mechanico-therapy, but what is principally referred to in this editorial are machines on the Zander order. Machines constructed to give either active or passive motion as the particular case demands, to stiffened joints, contracted joints, or combinations of the two conditions, where the ankylosis is not entirely bony. Machines have been constructed which will painlessly handle from the smallest to the largest joint, gradually breaking up the existing ankylosis or gradually stretching the contracture until the joint is restored to its normal condition. Contractures and distortions due to simple muscular action are also successfully overcome, and what would be otherwise hopelessly crippled human beings are by this means of therapy restored to health and usefulness. In paralysis, temporary or permanent, according to the cause, the parts and muscles affected are kept in good condition by the use of these machines. Also contractures which would come from the unaffected muscles pulling against the paralyzed ones are prevented by the keeping up of the tone of the affected muscles by the use of these machines. The Massachusetts General Hospital was the first institution in the United States to put these therapeutic agents to use, but it no longer is the only one as several hospitals in New York now have them in actual operation and several more are adding them to their therapeutic outfits. It is interesting to note that it was a German institution, the German Hospital, to be the first to have these machines in New York. It is also interesting to note that mechanico-therapy is part of the therapeutics taught at the College of Physicians and Surgeons in New York City. The machines used for teaching purposes in this college are installed in the Vanderbilt Clinic which is connected with the college. Another interesting item is the fact that many physicians and surgeons doing certain special lines of work have already installed several of the various machines in their offices for the use of their patients. Mechanico-therapy has come to stay. It has a definite place among our therapeutic agents and a very important place at that.

WEAK FOOT.

In the April number of the American Journal of Surgery there appeared an article by Steinhardt, of New York, on the subject of weak foot in which wonder was expressed that this very common mechanical condition of the pedal extremity was so often misdiagnosed and therefore mistreated. And if any one thing in medicine is so often overlooked by the average man more than another it is certainly weak foot. And even when diagnosed some of the advice given by the various physicians to their patients would be laughable were it not pitiful to think that a physician could know so little about such a common condition. There should be no trouble in recognizing weak feet. It is a self apparent condition and positively should not be taken for anything else if one will but look for it. Is it lack of knowledge or stupidity on the physician's part that causes him to say rheumatism instead of weak foot to a patient who comes to him suffering from this latter condition? No, just lack of observation and desire to save time. It is so much easier to take the patient's word for it that the pains complained of in the ankle and calf are rheumatic and dash off a prescription for some anti-rheumatic mixture rather than to take the time to examine the parts properly. Every weak foot is not necessarily a flat foot, although the reverse is practically true, and therefore physicians who expect to find the arch entirely obliterated in every case will continue to make wrong diagnosis in their cases of this kind. The white paper and vaseline test and the water test described in the above mentioned article are so ridiculously simple as a means of proving the diagnosis in every case where there is the slightest doubt in your mind that not to use them is to be unreasonably lax in your diagnostic methods and therefore wanting in your duty to your patients. Although not desperately ill these weak foot patients suffer ofttimes excruciating pain from which they demand relief and future comfort un-

der penalty of changing their medical attendant, and even those in whom the pain is secondary to the inconvenience of being partially incapacitated they want to be able to get around again in a normal manner. The above mentioned article calls particular attention to the fact that the cure is not by giving medicine, but through mechanical means and that is "the keystone of the arch." Drugs will not cure mechanical defects in the foot or anywhere else in the body. But having properly corrected the mechanical defect certain drugs will have their use in strengthening the tissues that were at fault in permitting the defect to occur.

The treatment of weak foot is easy and can be carried out by any physician who will study his case as to what he has to overcome and will proceed to intelligently overcome it with a view to ultimate cure. Steinhardt in his article has given the usual methods of treatment in vogue at the present time. They are open to improvement like almost everything else in medicine and out of it, but nevertheless they are effective in giving the patient relief and comfort even if not permanent and absolute cure in every case. They have the advantage also of being so very simple that for the most part any physician can follow them out, no expensive apparatus being required. Is having a knowledge of weak foot important? Judge for yourself when careful statistics show that about sixty per cent. of the people are so affected. Also just think it over if such is the case whether or not it is worth while knowing this condition from A to Z.

VULVO-VAGINITIS IN CHILDREN.

Vulvo-vaginitis in little girls ranging in size from their time of entry "into our midst" to puberty is rather a common condition confined to no one class of children, those of the so-called better class being affected almost as often as those of the poorer parentage. The kind of vulvo-vaginitis varies with the cause and the treatment naturally is based on the kind present. The physician in charge cannot intelligently treat this class of cases unless he knows which variety he has to do with. The microscope will very readily tell him this if he will take the trouble to get a smear of the vaginal discharge and after properly preparing and staining it examine it carefully. Perhaps the most difficult variety of vulvo-vaginitis in children to overcome is that caused by the gonococcus. Many of us have met this coccus in these cases and been almost driven to despair in endeavoring to eliminate him from the vagina of the innocent child, as it is a serious matter for the little girl's present and future to allow the gonococcus to remain there undisturbed. Many are the therapeutic measures that have been brought forward to combat "these little devils" who play a most discouraging game of hide and seek with you. Syringing, douching and what not have been ordered for these little patients, and countless are the number of solutions that have been used as sure cures in these syringings and douches. Usually to no avail however. Then the lactic acid bacillus craze having reached its pinnacle this bacillus was tried against the gonococcus. Still the time of the treatment remained long and was too many times by far, most unsatisfactory in its results. Many physicians got so that they sort of dodged this kind of case entirely. Rather wished that the other fellow on the next block had gotten it instead of them. And those of us who knew from experience what trouble these cases were did not altogether blame them. Yet perseverance conquers in the end and it now seems that we have an easy, sure, and rational therapy for this class of cases. Two papers by Hamilton, of New York, published recently in two different medical journals give the results in several series of cases treated by gonococcic vaccines after other lines of treatment had proved most unsuccessful, and the results are certainly brilliant in two ways. First, the cases reported are cured so far as the most careful, persistent and repeated macroscopic and microscopic examinations reveal. Second, despite the large doses of vaccines given at each treatment no untoward symptoms appeared in any case. The vaccines, however, are for use only in cases of positive gonococcus infection and can only be detrimental to the patient's health if used in the other varieties of vulvo-vaginitis. Therefore prove your case by microscopic examination before beginning treatment of this kind. As yet no one has been able to prove that these vaccines given to persons who have never suffered from gonorrhea will render those so inoculated immune from this class of infection. It opens a good field for research, however, and a vaccine of such quality would be an inestimable boon to those pure women and children on whom the previous sins of the immorality of the husband and father are visited. It would reduce both the practice of the gynecologist and the number of blind persons in the world. It would, therefore, add very much to human health and happiness and decrease a great deal from the sum total of the misery, pain, and shame in our world. Thinking it over it almost seems worth while for some able investigator to endeavor to discover such an immunizing vaccine or serum.

THE REGULAR SCHOOL VS. FADS AND FAKIRS.

In every part of the United States, and pretty nearly everywhere else, too, as a matter of fact, there are special laws regulating the practice of legitimate medicine by regularly graduated educated physicians. A regularly graduated physician, besides having to spend several years obtaining a preliminary education to fit him to take up the study of medicine, is required to have a degree of M. D. from a recognized medical college maintaining a certain standard of instruction and the course in which must not be less than a certain number of months in each year for four consecutive years. And after earning this degree by four years of the hardest kind of study, the dear public is still further protected from our well meant efforts until we pass the examination for a license to practice. And many of us, even after obtaining our degree of M. D. and receiving a license to use our knowledge, of our own accord refrain from doing active work without experienced supervisors over us for a couple of years longer by taking an additional course in practical medicine and surgery—or in other words by becoming internes in a hospital. And in all the years of practice we find it necessary to study constantly to keep abreast of medical progress. And in all the years of practice as time rolls on our sagacious law makers continue to make wise(?) laws to harass the doctor in his work and protect(?) the public against him. But where the faddist and the faker are concerned evidently the public don't count for much. Without previous education or without education at all, without license, knowledge of diagnosis or even anatomy in most instances they are allowed to enter into competition with the regular physician, with the added advantage of no legal restrictions or professional ethics to hamper them in any way. Coming from anywhere, everywhere and nowhere they steal into our midst, humbug the public as long as it is profitable to them and without fear of interruption from any public officials, and then when they are ready they fold their tents and depart for other ripe pastures while their place in our community is immediately taken by another fraud, and so the endless procession of "fads and fakes" march on, while the regular physician hustles "to beat the band" to make his bread and butter. Some of these "healers"(?) use water as their cure-all, others prayers, given in person or by the "absent method," others act as the agents for the spirits of the world beyond, and still others have some other "humbug" methods of extracting good money from the ignorant and credulous among the very easily deceived public. Does the law intervene to protect the public against these faddists and fakirs? Not in any way that can be very much noticed, for they flourish like the proverbial forty thieves in the height of their prosperity. They are allowed to advertise the most marvelous and impossible cures in every and any newspaper that will take their advertisements, backed up by "faked" letters from imaginary patients to help them get the sick to come to them, and even the well are advised to come and see if they are not sick. And in many cases are convinced by a series of puzzling questions that they are really suffering from dreadful, serious malady, the symptoms of which could only have been discovered by the methods employed by this particular "healer," and of course it goes without saying almost that only this particular "healer" can cure the imaginary disease present. Incidently the treatment is as long and expensive as the pocketbook of the patient can stand. Why should the duly licensed physician be surrounded by rules and regulations and these other people be absolutely under no supervision at all, although they are really a menace to the public weal? Is it now time that the regular physicians prod their medical societies into action to protect their interests? Legislators that fear to act because of lack of votes should be emphatically reminded, and if necessary shown, that physicians are also citizens with votes and have a following that they can influence when necessary.

MEETING OF THE LOUISIANA STATE MEDICAL SOCIETY.

At the meeting of the Louisiana State Medical Society held in New Orleans on May 4th, 5th and 6th, Dr. E. J. Graner, of New Orleans, was elected President of that organization for the ensuing year.

This was the thirty-first annual meeting of this association, which was largely attended by representative physicians and surgeons.

The papers read before this meeting were of an extraordinary type, and much interest was exhibited throughout the programme.

Among some of the features outside of the supertechnical papers that were read was the adoption of resolutions indorsing the proposed establishment of a Federal Board of Health, the head of the proposed department to be a Cabinet officer.

The society will meet next year in Shreveport.

EDITORIAL NEWS ITEMS.

The fifteenth annual commencement exercises of the Birmingham Medical College, Birmingham, Ala., was held on the evening of April the 28th at the Jefferson Theatre. Diplomas were presented to twenty-three graduates in medicine and one gradute in pharmacy.

Changes Made in Faculty of University Medical School of Georgia.

At a meeting of the faculty of the Medical School of the University of Georgia, held at the college building in Augusta, on the evening of May the 13th, Dr. William H. Doughty was elected dean of the faculty, to succeed James E. Allen, who has been dean since the death of the late Dr. DeSasure Ford, four and a half years ago.

Dr. William C. Lyle was elected proctor, and Dr. L. W. Fargo secretary.

Many Mississippi Applicants Refused License to Practice Medicine.

On May the 14th the State Board of Health of Mississippi completed the grading of papers in the examination of applicants for license to practice medicine in Mississippi.

Out of one hundred and ninety-two applicants only fifty-nine were granted license.

This circumstance is attributed, by the Board of Health of that state, to lack of literary education on the part of the applicants, and upon this point they adopted the following:

"Realizing that the cause of the failure in the large majority of applicants appearing before the Mississippi State Board of Health for license to practice medicine is due primarily to a deficiency in literary education, as shown by the character of papers submitted to this board and to the further fact that it is impossible to attain proficiency in medicine without a good literary foundation, believing this to be the result of the low standard of entrance requirements of the majority of medical colleges, therefore, we urge upon the various schools a more rigid enforcement of entrance requirements."

The list of successful applicants follows: Robert Carl Eley, Merrill; Edwin Jones Lipscomb, Ittabena; William Roy Johnston, Natchez; James Turner Googe, Marietta; Andrew Jackson Kisner, Water Valley; Stanley Livingston Pharr, Marietta; William Arthur Watson, New Site; Alexander McGarvin Foshee, Mobile, Ala.; Gilbert Franklin Douglass, Cyril, Ala.; John Alexander Smith, Horne; Benjamin J. Cole, Farmerville, La.; Winfield Scott Berry, Prentiss; Alcus James Carter, Gloster; James Robert Plummer, Fayetteville, Ark.; J. N. Mason, Clara; Sam T. McIlwain, Waynesboro; Claude Elson Boyd, Quincy; Oasis C. Brewer, Ruth; Thomas Alford, Magnolia; Jerome Ellis Gose, Embry; S. T. Lyles, Purvis; Bernard Palissy Evans, Conway; Victor Malcolm Crothers, Roxie; Russell Tigert, Dumas; John Puckett Watkins, Jonestown; William Emerson Nicely, Chicora; Luther Davis, Bond; Wallis Sterling Ivy, West Point; Hammel House Wright, Sherman; Cary Weathersby Salter, Vicksburg; Richard Baker Austin, Jr., Madden; Arthur Alphonse Sparkman, Cleveland; Hugh Zollicoffer Browne, Kosciusko; James Milton Acker, Jr., Aberdeen; Wilburn Edgar Hampton, Oxford; Donald C. La Verne, Birmingham, Ala.; Hugh Nelson Page, Newton; M. J. L. Hoye, Newton; Charles B. Fry, Ocean Spring; Oscar William Roberts, Mathiston; Reuben Thomas Greer, Mathiston; John McKelvey Foster, Nettleton; Isaac Cecil Knox, Vicksburg; Oscar Walter Bethea, Meridian; Edward Angew Copeland, State Line; Wendell Holmes Williams, Evansville; Mack Laughlin McKinnon, Hattiesburg; Scott H. Harris, Mound Bayou.

Tuberculosis Hospital Plans are Accepted.

At a meeting of the Tuberculosis Sanitarium committee, held May the 14th, in Atlanta, Ga., plans were accepted for the new tuberculosis hospital, which is to be built jointly by Atlanta and Fulton County, Georgia.

The plans include a large administration building, with separate wards for males and females; a building of similar design for negro patients, and a number of smaller buildings.

The site for the sanitarium is about thirty-five acres in extent and is located near Battle Hill. The building is to cost $21,900.

It will be some time yet before the building will be begun.

University College of Medicine.

The commencement exercises of the University College of Medicine were held at the Academy of Music in Richmond, Va., on Tuesday night, May 17th.

The full programme of the commencement exercises, which begun with the annual sermon Sunday, May 15th, was as follows:

Sunday, May 15—Annual sermon, Centenary Methodist Church, Rev. J. N. Latham, D. D.

Tuesday, May 17, 8:30 p. m.—Commencement exercises, Academy of Music.

Prayer. Address by the president, Stuart McGuire. Address by Major J. C. Hemphill, editor-in-chief Times-Dispatch. Conferring of medical degrees. Conferring of dental degrees. Conferring of pharmacy degrees. Announcement of hospital appointments. Benediction.

The members of the graduating class in medicine are as follows:

D. A. Dunkley, J. T. Ramsey, M. H. Tabor, Edwin Clinton Bryce, Richmond; Samuel D. Burroughs, Williamston, N. C.; Herbert Clifton Chase, Bedford City; Charles M. Clendennen, Bristol; J. B. Dalton, Hillsville; Edwin Norvelle Davidson, Nuckols; David A. Dunkley, Stuart; Thomas Graham Faulkner, Kinston, N. C.; Carl C. Franken, New York City; Walter S. Gilmer, Richmond; Alvah Livingston Herring, Garland, N. C.; W. Seldon Hodnett, Danville; C. Curtis Hudson, Hugh, Ky.; Gideon Hunt Macon, Warrenton, N. C.; Robert H. Newman, Thaxton; Benjamin M. Nicholson, Richmond; J. Tazewell Nolen, Stuart; John Thomas Ramsey, Cluster Springs; James Henderson Smith, Fredericksburg; Mack Henry Tabor, Mannering, W. Va.; John W. Thurman, Willis; Abraham Urevitz, Podoisk, Russia.

On May 11th the graduating exercises of the James Walker Memorial Hospital, Wilmington, N. C., took place and was an occasion of great interest.

The class consisted of only three young ladies, who were, Misses Ernestine Vick, Helen Elizabeth Houston and Howerton Jones.

Marriages.

Dr. John Egerton Cannaday, a prominent young physician and surgeon of Charleston, W. Va., was married on May 11th to Miss Mary Roller, of Harrisonburg, Virginia.

Dr. Cannaday graduated in medicine from the University College of Medicine, Richmond, Va., after which he spent some time abroad, studying medicine. He has been a frequent contributor to this journal.

Dr. Joseph Hubbard Saunders, of Everetts, N. C., and Miss Nannie Hayes Smith, of Williamston, N. C., were married at the Church of the Advent in Williamston on June 15th.

Dr. Saunders graduated from the University College of Medicine, Richmond, Va., in 1905, and is making great success as a practitioner.

Dr. George W. Anderson, of Quitman, Ga., and Miss Ida Whitington were married on May 12th at the bride's home in Midway, Ala.

Dr. Anderson graduated from the Atlanta Medical College, Atlanta, Ga., in 1903.

Dr. and Mrs. Anderson will make their home in Quitman.

Dr. John Lamb Pritchard, of Windsor, N. C., and Miss Carrie Vivian Mitchell, of Aulander, N. C., were married in the Baptist church of Aulander on May 24th.

Dr. Pritchard is a promising young physician of Windsor. He graduated in medicine from the College of Physicians and Surgeons, Baltimore, Md., in 1907.

Dr. Robert H. Hargrave, a prominent physician of Robersonville, N. C., and Miss Dora Mae Krider, of Salisbury, N. C., were married on April 28th at the home of Mr. Chas H. Rawls, of Robersonville.

Dr. Hargrave received his literary training at Trinity College, Durham, N. C., and graduated in medicine from the University of Maryland.

Deaths.

Dr. M. A. McHenry, a prominent and highly esteemed physician of Monroe, La., died at his home on May 15th, after an illness lasting over two years. He was fifty-five years old. He is survived by a wife and three children.

Dr. McHenry graduated from the Medical Department of Tulane University, New Orleans, La., in 1882. He has been practicing medicine for the last fifteen years in Monroe. Prior to this time he practiced medicine in Arkansas.

Dr. Samuel Peachy Latane, one of the most prominent physicians and surgeons of Winchester, Va., was killed in an automobile accident on May first.

Dr. Latane had been called to see a man professionally, who lived seven miles from Winchester. While ascending a steep hill his automobile refused to work, and the car plunged over a ten-foot retaining wall down a steep embankment. Dr. Latane was caught under the car. His neck, collar-bone and breast-bone were broken. Death was instantaneous.

Dr. Latane was thirty-six years old. He was a graduate of the Maryland University and also of Strasburg and Heidelberg, Germany. He was for several years connected as resident physician and superintendent of several Baltimore hospitals.

He moved to Winchester nine years ago. He was Secretary of the Virginia Board of

Health, and city health officer of Winchester.

Dr. L. Hussey, of Warsaw, N. C., died at his home on May 22nd. He was the oldest, and one of the most prominent physicians of his county. He was 79 years of age.

Dr. Hussey graduated from the Medical Department of the University of Pennsylvania, Philadelphia, Pa., in 1853.

He was a man of great character and fine ideals. He was a man who was of distinct value to his section of the country. A man who lived a life, if studied, would be fine to follow. He had the confidence socially, religiously and professionally of every one who ever came in contact with him. The writer as a boy remembers him as an ideal citizen and physician.

Dr. Lindsay Johnson, a prominent physician and surgeon, died at his home in Cartersville, Ga., on May 12th, after a long illness. He graduated from the Southern Medical College, at Louisville, Ky., and for many years he taught anatomy in this college.

Dr. Johnson had always lived in Cartersville and Bartow county with the exception of the many years he spent at the Louisville Medical College, and five years he lived in Rome.

Dr. Johnson was a splendid physician and surgeon and his professional ability was known all over his State.

Dr. T. F. Brewster, of Atlanta, Ga., died on May the first. He was a prominent physician and a man of great skill.

Dr. Brewster graduated in medicine in 1856 from Jefferson Medical College, Philadelphia, Pa.

Danger Due to Substitution.

Hardly another of all the preparations in existence offers a wider scope to imposition under the pea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated and finally the medical reports commending on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at elbourne, and others reported before in the medical literature show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The Importance of Standardization.

The vegetable drugs used in medicine cannot always be grown under the same conditions. The soil, the gathering time, the temperature—these are variable factors. Consequently, one cannot reasonably expect that the amount of medicinal substance in root, leaf, bark or seed will be constant. Two lots of digitalis leaves may look exactly alike to the experienced botanist, yet in content of active principle they differ widely. As a matter of course, preparations of drug-plants must be variable in strength if made according to the antiquated method whose basic idea is that one kilo of crude drug will produce one liter of fluid extract. Suppose that the two lots of digitalis leaves referred to were extracted or percolated by the same operator, in the same manner, and during the same period of time. Would the products be of equal therapeutic activity? Obviously not. In each case the drug would be made to yield one liter of fluid extract, but this very fidelity to pharmacopoeial direction would carry over to the finished product the inequalities present in the crude drug.

The only way to secure uniformity in drug products is to standardize them—in other words, to adjust them to definite strength by systematic assay, chemical or physiological. This principle is now pretty well recognized by our leading pharmaceutical manufacturers. In fact, it is to one of the manufacturers, in all probability, that modern medicine owes much of its scientific character. Reference is here made to Messrs. Parke, Davis & Co., who were the first to enter the fields of both chemical and physiological assay and who have practical and practiced and preached standardization for a third of a century.

It is a healthful sign that the medical practitioner of today is giving serious thought to the subject of quality in medicinal preparations, for it is a logical assumption that the pharmaceutical market contains many therapeutic agents of very doubtful value. The physician has an obligation to himself and to his patient—an obligation which does not cease with the mere writing of a prescription. His further duty lies in assuring himself that the best quality of drugs shall be used in the compounding of that prescription. And this duty is performed through specification of the brand—a brand that he knows is reliable.

Review of Southern Medical Literature

The Texas Medical Journal, April, 1910.

Skin Cancer of the Face, "Third Stage."—Dr. J. M. Martin says we have in this country a number of "*Fake Cancer Cures*"; some advertising as physicians, others merely peddling receipes. All of these criminals draw their victims, mainly, from the class of patients who have reached the third stage of the disease, and are "*like a drowning man grasping a straw.*" They take the treatment because a cure has been promised and in most cases guaranteed. Of course, the guarantee is absolutely worthless. I have rejected as incurable many cases of advanced cancer and learned later that they had been gladly accepted as curable by certain "*Cancer Fakes*" who, without exception, rushed them to an early grave.

The majority of these poor unfortunates have but a limited supply of this world's goods and badly need the little they have for actual expenses. To rob them of the few comforts that might be theirs by increasing their sufferings through an inhuman treatment, and at the same time taking their last dollar, is a crime to which no physician worthy the name would stoop.

While we can not cure these poor sufferers, we can in a certain per cent of cases, add much to their comfort and greatly prolong their lives.

Well directed X-Ray treatment will often produce results little short of wonderful. It should be used in the majority of incurable cases for temporary relief.

All necrotic tissue should be destroyed or removed as rapidly as formed and the ulcer carefully cleansed and dressed. If this is thoroughly done septic absorption and systemic poisoning, will in a great measure be prevented.

Some Interesting Hints on Medico-Legal Jurisprudence.—Dr. John S. Turner believes that the physician is chargeable with the knowledge of the probable consequences of an injury or of neglect or of unskillfulness in treatment.

He is also required to know the natural and probable results of a remedy which he employs.

The patient's condition at the time the physician takes charge of the case does not prevent a recovery caused by the latter's mal-practice, even though such condition may be a contributing cause of the injury to the patient—however, in assessing damages, the effects of the malpractice and those of other causes must be distinguished.

A physician possessing the requisite qualifications and applying his skill and judgment with ordinary care and diligence to the diagnosis and treatment of a diseased condition in a patient, is not liable for an honest mistake or error in judgment in making a diagnosis or prescribing the mode of treatment where there is ground for reasonable doubt as to the practice to be pursued, but one who is not possessed of the requisite qualifications cannot claim to be exempted from liability on the ground that his mistake was an error of judgment.

This exemption from errors of judgment does not extend to such errors as are so gross as to imply a reckless disregard for the rules of care and skill usually observed—neither does it extend to ones who forsakes the recognized and approved methods and invades the field of experiment. It has been held that a physician who, erroneously diagnosed a case as one of a contagious disease in a report to the public authorities was not liable to the patient for the mistake if he in fact formed the opinion that the case was such.

There are a few cases which indicate that, by a special agreement, a physician may be held liable for a mistake in diagnosis.

Gaillard's Southern Medicine, March, 1910.

The Use of Fats in Tuberculosis.—Dr. L. C. Roughlin syas that the demand for an excess of fat is in no disease more pronounced than in tuberculosis, since the metamorphism of the disease manifests itself by the disappearance of the subcutaneous fat, and long before any scientific investigations have been made, the results from its use have led clinicians to believe that it exerted specific action in this disease, but unfortunately cod liver oils and numerous other fats which were used, its extreme nauseating character, its difficulty of digestion, and its consequent disturbance and deleterious effect upon the digestive organs, had led many to abandon its use.

In the cotton seed oil emulsion we have all these features eliminated, when given properly, it is borne by most delicate stomach, and in my experience with the same I have not yet had a patient who under proper administration experienced any difficulty in taking it—in fact, most patients grow to like it, and its superiority over other preparations is evidenced by the those cases, which have taken other oils and emulsions which become repulsive to them, but readily took the cotton seed oil with rapid improvement in digestion and nutrition as evidenced by their gain in weight.

The Texas Medical Journal, March, 1910.

Functional Heart Disease.—Dr. Geo. F. Butler in discussing this subject outlines

the following treatment for an attack of angina pectoris:

Lay the patient in a comfortable position, and while attendants are loosening the clothing chloroform may be applied while the indicated remedies are getting control of the disease. Hypodermic injections of hyoscine, morphine and cactin act very well to arrest the attacks. Nitrite of amyl is often used and the continual use of some nitrite, nitrite of sodium, or nitroglycerine or erythrol tetronitrate seem to prevent a return of the attack. Between the attacks regulate the habits and diet of the patient, continuing supportive tonics, like the triple arsenates with nuclein mentioned at intervals to prevent recurrence.

The Southern Practitioner, March, 1910.

Foreshadowing of Democracy in the A. M. A.—Dr. G. F. Lydston.

Virginia Medical Semi-Monthly, Mar. 11th, 1910.

On the Cure of Uterine Prolapse.—Dr. H. A. Royster says that prolapse of the uterus is not cured by any one specific way, but by a succession of different procedures designed for the particular case in hand. When in a certain instance we do curettage, amputation of the cervix, perineorrhaphy, anterior colporrhaphy and a suspension of the uterus, we are not performing five operations, but we are executing five successive steps of one operation for the cure of prolapse. The omission of one of these steps may bring about failure; their sensible combination means success.

Treatment of Certain Conditions Secondary to Lost Compensation.—Dr. J. G. Nelson believes that the important portions of the body most apt to be seriously affected by the sudden loss of compensation are the brain, lungs, liver, and kidneys; while after gradual failure, we find trouble in any or all of these organs as well as any of the serous sacs, the stomach, intestines, systemic veins or any of the loose tissues. Tsually, quickly developed results if relieved, leave no permanent traces, while those of gradual development may be permanent and irreparable. Such permanent changes may be well illustrated by those occurring in the lungs as, for example, chronic bronchitis, emphysema, asthma or even pulmonary infarcts from stasis, especially in mitral disease with syncope, dyspnea, hemoptysis, unconsciousness and, possibly, sudden death.

Hookworm in Virginia.—Dr. J. A. Waddell says considering the large number of cases found in the localities investigated and the similarity of physical and living conditions in the whole Piedmont region of Virginia, I believe it not rash to predict that, when a complete investigation has been made, the hookworm disease will be found prevalent to an alarming extent among all the foothills of the Blue Ridge Mountains, And may not the same prediction be made in the case of the sandy east and southeast, where the conditions for the spread of the disease are more favorable than they are in the clay soil?

In view of my findings, the following methods are suggested: (1) That every section of Virginia be investigated to determine the prevalence of the hookworm disease. (2) That public education in regard to the dangers of soil pollution in general, and from hookworm in particular, be pushed as rapidly as possible. (3) That employers be advised that their premises may become infected and their families endangered, if hookworm laborers are not treated and if soil pollution is tolerated. (4) That victims of the disease be taught the need of being treated, and that treatment be put within the reach of all.

Importance of Diet in Naso-Pharyngeal Troubles.—Dr. A. C. Palmer believes, as a rule, it is just those patients who are overfed in whom we find hypertrophic nasopharyngitis. By overloading the digestive organs with heavy, indigestible foods, such as an abundance of meats, acids, sweets, and the like, it must necessarily follow that all kinds of chemical reactions take place in the stomach and intestines—most assuredly so when these mixtures are taken in such large quantities at a time that the digestive fluids cannot convert more than one-half into any proper condition to be absorbed; added to this extravagance, we are constantly assisting deglutition by large draughts of some liquid to save time in chewing the food properly. This condition of affairs necessarily burdens our blood with all kinds of extraneous matter, like so much muddy water, which, in turn, leaves a deposit in these same little terminal vessels, occluding same, and so retarding the return flow in others that the parts so richly supblied must take on thickening, which, in my opinion, is the most fruitful source of all of our nasal membrane troubles. The busy mother is harrassed by her crying, whining offspring tagging at her skirts; to get a respite, she gives him a nickel and he immediately seeks the nearest confectionery and procures the largest lump of candy his money will buy; the confectioner's conscience is elastic enough to make the lump large enough to please his customer, so he

adulterates it with what is nearest at hand. It is in just such subjects as these we find our crops of adenoids and hypertrophied tonsils.

New Orleans Medical and Surgical Journal, March, 1910.

Impetigo—Its Nature and Complications.—Dr. A. J. Delcourt says, in conclusion, we find in impetigo and its complications the two ordinary agents of suppuration, streptococcus and staphylococcus, without any absolute possibility of differentiating the lesions produced by either one, and still less to clinically differentiate between different streptococcic lesions; those differentiations being, for the most part, matters of such nicety and, as a fact, of such difficult realization, that an allowance must be made as to their accuracy. To conclude this long inquiry, let us say that, by asserting that the streptococcus plays the more important role as a causative agent of impetigo and impetiginous manifestations, we shall have, we think, expressed the most common agreement among the leading dermatologists of all countries.

Infantile Scurvy.—Dr. E. D. Denner thus defines this condition:

A general disorder of nutrition, characterized by debility, apathy and anemia, with sponginess of the gums and a tendency to hemorrhages beneath the periosteum of the long bones, the subcutaneous tissues, and from any of the mucous membranes. Its etiology appears still to be shrouded in some doubt. By some it is claimed that it is due to a diminished alkalinity of the blood—in other words, that it is a form of acid intoxication. By others that it is due to ptomaine poisoning. By still another group it is now classed as a specific infection. Whichever of these theories be correct, it is certain that in infants, at least, it is rarely met except in those who are fed upon some artificial food or upon sterilized milk, and that a change in the diet is followed by rapid improvement in the symptoms. In the rare cases where scurvy has been seen in children at the breast the milk was shown to be grossly deficient in its composition. While, therefore, it is beyond doubt that the long-continued use of a diet deficient in fresh animal or vegetable properties is responsible for the vast majority of cases, the fact that thousands of children who receive nothing but a thoroughly scorbutic diet escape the disease entirely indicates that there must be some other individual factor which determines the development of scorbutic symptoms.

Medical Aspects of Anterior Poliomyelitis.—Dr. L. R. DeBuys says that the affected limb should be enveloped in cotton batting and should be protected from any strain. The feet should be kept at right angles with the legs, the knees in slight flexion or very nearly straight, and the thighs on a line with the trunk. The ligaments and capsules of the joint should be protected from strain. The idea of the early treatment is to prevent rather than correct deformity. With this in view it is necessary not to allow the child to put the limbs in false positions, which might result in the limb becoming fixed and a resulting deformity. After the inflammatory period has been passed, or in about two weeks, stimulation of the muscles by massage or other means can be commenced. No treatment acting as excitants to the muscles or nerve cells, such as massage, electricity or vibro-massage, should be instituted until we are sure that the inflammatory process has subsided in the cerebro-spinal axis.

The Alabama Medical Journal, March, 1910.

The Doctor—His Attitude Toward and His Obligations to His Patients, His Confrees and to Himself.—Dr. J. D. Alexander, after discussing the above subject thoroughly, says:

One rule, as true now as when first spoken by the Divine tongue, applicable to all circumstances, known to the tongue of all nations, an unerring arbiter in every case of doubt, will steer us safely through—The Golden Rule—"Do unto others as you would that others do unto you." Measure every act and impulse by this standard, and you will never stand arraigned before the bar of your own conscience, a guilty and self-confessed culprit. If your own heart does not condemn you, your actions can be explained to the satisfaction of others. You may be misunderstood, at times, but you can honorably lay your motives bare before your fellow, confident that you will generally be absolved from blame. If you have so planned your actions, and men *will* not understand that your motives were pure, you will yet have within yourself an easy conscience, and of this no man can deprive you. There is a morol fact back of every deed and thought. If the stimulus of that moral fact has been pure, of the good fruits of the thought or deed, not even God can deprive you. If the stimulus of that moral fact has been corrupt, from the bitterness and self-reproach of your thoughts following that thought or deed, not even God can release you.

Clinical Types of Pellagra.—Dr. C. M. Rudulph gives the following classification:

1st class—Those which have all the classical symptoms, epidermal, digestive and

nero-psychic. In this class all the symptoms are intensified with epidermal most evident.

2nd class—Here the patient presents only a mild epidermal manifestation but with digestive and nero-psychic symptoms still prominent.

3rd class—In this class there are no epidermal manifestations but usually all the other symptoms in some form are present.

Atlanta Journal-Record of Medicine, March, 1910.

Use and Abuse of Specific Treatment in Tuberculosis.—Dr. L. C. Rouglin believes that the crucial point in tuberculin treatment is the selection of dosage and interval between dosage. There is not, and we cannot make any scheme of dosage, which can be blindly followed. Individualization plays the most important part, the proper rate of increase varies for each individual, and even varies for the same patient at different times during the treatment. We have no rule to follow as to dose, rate of increase, or maximum dose desired to be reached. We must be guided by the degree of toxin tolerance of each patient as manifested by the symptoms, progress of the disease, and general conditions; each patient is a law unto himself. The general symptoms are by far the most important, as they give the first sign of tolerance. Pronounced symptoms do harm, and when the patient is under constant observation, by day and night, by especially trained nurses, they can be avoided, and should not occur.

Tonsillectomy.—Dr. H. M. Lokey says that physiologically, the function of the tonsil, by some, is said to be simply to aid in forming the bolus of food and to lubricate it with mucus from its numerous mucus glands during deglutition. Others claim that the office is that of the other lymphatic glands, being one of the chain of the cervical system, that it destroys bacteria and prevents their entering into the circulation. Whether or not this be true there is one thing certain, they gather from the air passing into the larynx any germs of different varieties as under the microscope you will find in the secretions expressed from the crypts of the tonsil, streptococci, staphylococci, pneumococci, diphtheria bacilli and tubercular bacilli. Hence, it has an opportunity of destroying a great many pathologic bacteria. However, there are a great many bacteria that enter the lymphatic circulation through this channel and there are many cases of tubercular adenitis, and even tubercular troubles in the pleural cavity that can be traced to diseased tonsils. Some writers account this as a frequent cause of pulmonary invasion. Toxic secretions generated in diseased tonsils are prone to be directly absorbed through either the lymphatics or the blood and are thus at times distinctly the cause of systematic troubles at distant points.

The American Practitioner and News, March, 1910.

Pruritus From a Medical and Surgical Standpoint.—Dr. M. L. Ravitch points out that in early part of pregnancy, pruritus is very prominent; sometimes it has been the cause of miscarriage. Gynecologists will tell you that cirrhosis of the uterus often caused pruritus of the vulva. So does glycosuria. Varicose veins of the rectum and the vagina give rise to pruritus of the vulva. Varicose veins of the labia cause pruritus of the vagina, pubes and rectum. Pruritus is also occasioned by local causes: About the rectum—by ascarides, piles and fissures; about the upper lip—by nasal discharges; about the ear—by disease of the middle ear, which later terminates in eczema. Intestinal parasites, diabetes, cystitis, leucorrhea and gonorrhea, and Bright's disease are all well known factors in the causation of pruritus.

Pruritus is the result of various atrophic changes which take place in the senile skin. It is due to wasting and ultimate disappearance of the papillæ.

Sodium Benzoate.—Dr. R. A. Bate believes that sodium benzoate is the most used of any of the salts of benzoic acid. Therapeutically there are no unfavorable reports concerning its use. It has been used with great satisfaction in place of the salicylates; being quite as antiseptic, equally antipyretic and less irritant and less depressant, though probably not so analgesic. It is slower, yet more lasting in effect. Its use has been favorably reported in mumps, measles, scarlet fever, typhoid fever, diphtheria, whooping cough and septic diseases. It is even accredited with more or less prophylactic properties in these diseases just mentioned.

In both acute and chronic rheumatism it has been of service where the salicylates failed. Its power to increase nitrogenous elimination, its antiseptic and antipyretic power, together with its solvent action upon urates and phosphates explain its applicability to both forms of rheumatism.

In follicular tonsillitis, benzoate of soda is almost specific. Shortening the disease from two to five days, to twelve or thirty-six hours (Boisliniere). In pharyngitis and laryngitis it favorably modifies pain, dysphagia, inflammation of the mucous membranes. It often cures the disease in two or three days (Sajous).

Virginia Medical Semi-Monthly, March 25th, 1910.

The Physiology of the Adrenals in its Relation to Poisoning by Adrenal Preparations.—Dr. C. E. DeM Sajous believes that the influence of the adrenals on oxidation enables us to account for and explain, all the toxic phenomena that excessive doses of adrenal preparations awaken. Tracing the course of events from start to finish we have, at first, as effects of exaggerated tissue metabolism:—in the tissues, a rise of temperature; in the cerebro-spinal system, excitement; in the muscles, tremor; in the kidneys, polyuria; in the myocardium, violent palpitations; in the muscular coats of vessels, rise of blood-pressure. As the blood-pressure increases, passive pulmonary congestion occurs, causing dyspnea, and at times, pulmonary edema. As the vascular constriction becomes still greater, the pressure in the aorta becomes so marked that substernal pain is experienced, and the pulmonary circulation being blocked, air-hunger and asphyxia follow—the heart, in most instances of poisoning, continuing to beat a short time after respiration has ceased. When the intoxication is sudden, as recently observed in several instances of death in which adrenalin chloride had been injected directly into the tissues prior to operations, the active principle may cause, especially in robust subjects, such violent constriction of the arterioles, that the circulation in the various organs, is blocked; the heart being one of these, its walls receive too little blood to sustain its functions and it ceases to contract.

On the whole, these few facts indicate: (1) That adrenal preparations do not merely raise the blood-pressure, slow the heart and increase its contractile power as is now taught, but that they also influence actively the general oxidations, metabolism and nutrition; and (2) that these effects should be taken into account when adrenal preparations or adrenal grafting are employed, in order to prevent recurrence of the fatal results that the prevailing inadequate conception of their physiological action involves.

Headache.—Dr. G. L. Servoss says that many drugs act as causative factors in the production of headaches. Among the handlers of dynamite and nitroglycerine the so-called powder headache is a frequent thing. This is due to the dilatation of the capillaries, with abnormal blood supply to the cranium. Such headaches are characterized by pain either over the frontal portion or in the occiput. In such cases there is more or less transitory constipation. The ingestion of large quantities of alcoholic liquors is frequently followed by cranial pains. This is due to the raising of the vascular tension by the direct action of the olcohol and secondarily by the inhibition of elimination, and consequent toxemia. Many other drugs cause more or less headache.

Surgical Drainage.—Dr. L. Sexton believes that gauze drains serum, and that for a few hours only. We must never forget that lives may become imperiled by leaving large amounts of gauze in the abdominal cavity for too long a time.

The criticism of the glass drainage tube in non-suppurative cases is that it fails to adapt itself to the sinuosities of the soft parts, and is unyielding in its position. In draining amputations where we do not wish to disturb the dressing for a week or more, the drainage of the stump may be accomplished, as said before, by coarse absorbable cat gut ligatures, or with silk worm and horse hair left long enough to extend out from under the bandage so that they may be removed without disturbing the other dressings in the case. In dealing with pus cases, drainage of either rubber or glass are always preferable.

Book Notices.

The Diseases of the Skin. A Manual for Students and Practitioners. By Alfred Schalek, M. D., Professor of Dermatology, University of Nebraska; formerly Assistant Professor of Dermatology, Rush Medical College, Chicago. New (2d) edition, thoroughly revised. 12 mo., 255 pages, with 47 engravings. Cloth, $1.00, The Medical Epitome Series. Lea & Febiger, Publishers, Philadelphia and New York, 1910.

The excellence of this concise manual as a means of reviewing the subject in preparation for examinations or of refreshing the memory on unusual points, is attested by the absorption of several printings of the first edition and now by the demand for a complete revision. As heretofore the volume is a brief presentation of the practical essentials of dermatology which admirably supplements the larger text-books and reference works, though not intended to fill their place. During the interval since its original publication, dermatology has made great strides, especially in a better knowledge of cutaneous pathology and in enrichment with new therapeutic measures. In this new issue, every page has been carefully revised, obsolete matter has been omitted, and new material added. A number of new illustrations have been inserted.

Modern Medicine. Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume VII, Diseases of the Nervous System, Mental Diseases, General Index. *Just Ready.* Price per volume, cloth, $6.00, *net;* leather, $7.00, *net;* half morocco, $7.50, *net.* Lea & Febiger, Publishers, Philadelphia and New York.

The publication of the seventh volume completes the greatest work on practical medicine ever offered to the profession. Dr. Osler's pre-eminent position has enabled him to secure articles from the leaders in every department. Their co-operation under a skillfully devised plan has resulted in the creation of a complete library of present-day medicine within the convenient compass of about six thousand pages, adequately illustrated. Each volume is indexed, and the seventh contains a general index to the whole, so that the latest authorative information on any point is immediately at command. For a work of such paramount value and usefulness a phenominal demand was assured, and it was, therefore, possible to fix a price low enough to meet the convenience of every practitioner who aims to qualify in full measure for his responsibilities.

Consumption—Its Prevention and Home Treatment. A Guide for the Use of Patients. By H. Hyslop Thomson, M. D., Medical Superintendent Liverpool Sanitorium. London, Henry Frowde. Hodder & Stoughton, Oxford University Press, Warwick Square, E. C., 1910.

This book has been written with the hope of providing a useful guide for consumptives. It deals chiefly with the principles and practices of open-air home treatment.

The volume is based on a series of lectures delivered to patients resident in the Liverpool Sanatorium on important personal aspects of the consumption problem.

This little book is neatly bound and contains seuenty-five pages of carefully indexed reading matter.

It is with pleasure that we recommend this guide book to persons suffering from tuberculosis in any of its forms.

The Expectation of Life of the Consumptive after Sanatorium Treatment. By Noel Dean Bardwell, M. D., M. R. C. P., F. R. S. (Ed.), Medical Superintendent, King Edward VII Sanatorium. Edinburgh, Glasgow, and London. Henry Frowde and Hadder and Stoughton. Oxford University Press. 1910.

The contents of this little book are as follows: Method of Classification, Results of Treatment, Life Histories of Sixty-two Cases of Incipient Disease, Life Histories of Ninety-five Cases of Moderately Advanced Disease, Life Histories of Eighty-four Cases of Far Advanced Disease.

It is interesting to note how uniquely the life of the consumptive is described in this volume, which contains 130 pages of reading matter.

It gives us pleasure to recommend the book to all interested in the subject of tuberculosis.

Diet in Tuberculosis, With Costs of Foods and Their Preparation. By Noel Dean Bardswell, M. D., M. R. C. P. and John Ellis Chapman, M. R. S., L. R. C. P. Price $1.00. Oxford University Press, American Branch 35 West 32nd Street, New York.

This book is one of great value to the consumptive. It describes the diet to be used in the different stages of the disease, and the quality of food persons should take.

It gives us pleasure to recommeud this little book to all consumptives.

Emergencies of General Practice. By Percy Sargent, M. B., B. C. (Caulab.), Surgeon to out-patients, St. Thomas' Hospital, Surgeon to the National Hospital for the Paralyzed and Epileptic, Queen Square, and Alfred E. Russell, M. D., B. S., (Lond.), F. R. C. P., Physician to out-patients, St. Thomas' Hospital. London; Henry Frowde and Hadder and Stoughton, Oxford University Press, Norwich Square, E. C. 1910.

This book has been written in the hope that it may prove a useful supplement to the systematic works on Surgery and Medicine, by gathering together in a concise form for lay reference certain acute and urgent conditions which require prompt recognition and treatment.

In this volume, diagnosis has been discussed in as practical a manner as is possible, and this section of the book has been gone into with considerable detail.

The treatment is discussed fully so far as immediate treatment is concerned, but the after-treatment is only briefly mentioned. The book is based almost entirely on the author's personal experience, and will be

found of great value to both physicians and surgeons.

This volume contains 364 pages of carefully indexed reading matter. The illustrations, which are quite numerous, are of an extraordinary type.

High Frequency Elective Current in Medicine and Dentistry—Their Nature and Actions and Simplified Uses in External Treatments. By S. H. Nonell, M. D., New York. Professor of Static Electricity, International Correspondence Schools, 1898–1903; Founder and Chief Instructor New York School of Special Electro-Therapeutics 1896–1902; Member of New York Academy of Medicine, 1895–1900; Editor "Journal of Treatment," 1904–1905; Author of "A Pictorial System of Instruction for Physicians in X-Ray Methods and Medical Uses of Light, Hot-Air, Vibration and High Frequency Currents," "Manual of Static Electricity in X-Ray and Therapeutic uses," "Elements of Correct Technique in Electro-Therapeutics," "Electricity in Health and Disease," "Rudiments of Modern Medical Electricity," "The Cure of Writers' Cramp," "The Modern Light Bath and Some of its Modifications," etc., etc. Finely Illustrated with Special Instruction Plates. New York: William R. Jenkins Co., 851–853 Sixth Avenue, corner Forty-eighth Street. 1910.

The aim of this book is to show what physicians and dentist can readily do with High Frequency Currents of electricity.

Improvements in apparatus have increased their efficiency and exemplified their administration since the author's pictorial text-book published in 1902. Those who put high frequency currents to the test of personal use will be convinced of their therapeutic actions.

This volume contains 465 pages of carefully indexed reading matter. The illustrations are of the very highest type, and the binding is very substantial.

The book is one, which will be of great value to the medical profession, and also to dentists. It gives us pleasure to recommend the book.

Medical Electricity and Roentgen Rays. By Sinclair Tousey, A. M., M. D., Consulting Surgeon to St. Bartholomew's Clinic, New York City. Octavo of 1116 pages, with 750 illustrations, 16 in colors. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $7.00 net; Half Morocco, $8.50 net.

This book is about as complete as one on this subject could be, yet of course it is not in every respect right up-to-date, on account of the rapid progress that is being made in this particular line of study.

This volume is well bound, thoroughly indexed, and makes a very attractive appearance. The illustrations are very good indeed.

Diseases of the Eye. By George E. de-Schweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania. Sixth Revised Edition. Octavo of 945 pages, 351 text illustrations, and 7 lithographic plates. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $5.00 net; Half Morocco, $6.50 net.

This, the sixth edition of this text-book has been thoroughly and carefully revised, and much new matter has been incorporated. Certain portions have been largely rewritten.

Throughout the book, wherever required, due reference has been made to vaccine and serum therapy, to the relation of tuberculosis to ocular disease, and to the value of tuberculin as a diagnostic and therapeutic agent.

This book, like the other editions, is nicely and neatly bound, and the illustrations are very fine indeed.

Prescription Writing and Formulary. By John M. Swan, M. D., Associate Professor of Clinical Medicine, Medico-Chirurgical College of Philadelphia. 32mo of 185 pages. Philadelphia and London: W. B. Saunders Company. 1910. Flexible leather, $1.25 net.

This little book will be of great value to the medical profession. It contains chapters on "The Construction of Prescriptions," "Latin for Prescription Writing," "The United States Pharmacopœia and Its Official Preparations," "Weights and Measures," "Doses, Number of Ingredients, Abbreviations and Miscellaneous Considerations," etc.

A Text-Book of Pathology. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia. Second edition, revised. Octavo of 856 pages, with 437 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $5.00 net; Half Morocco, $6.50 net.

The first edition of this book has been gone over from cover to cover, and the second edition is a great deal more complete than the first one. This book will be of great value to the medical profession, as well as to the student of medicine.

The binding is neat and attractive, and the illustrations are numerous and seem to be very properly inserted.

Congenital Dislocation of the Hip. By J. Jackson Clarke, M. B., Lond., F. R. C. S., Senior Surgeon to the Hampstead and North-West London Hospital, and Surgeon to the Royal National Orthopaedic Hospital. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Convent Garden. New York: Paul B. Haeber.

It is now fully established that the manipulative method of treatment of congenital dislocation of the hip-joint, when skillfully carried out at a suitable age, results in the cure of nearly 75 per cent. of these previously incurable cases. This is one of the most striking advances in surgery made during the past twenty years. The operation is purely surgical.

This little book is one of great value to the surgeon. It contains 92 pages of reading matter with 55 illustrations. The price of this little volume, which is neatly bound, $1.50.

Transactions of The American Pedriatric Society, Twenty-first Session. Held at the Curtis Hotel, Lenox, Mass., on May 27 and 28, 1909. Edited by Linnaeus Edford La Fetra, M. D. Volume XXI. Reprinted from "Archives of Pediratics, 1909–1910. E. B. Treat & Co., Publishers, 241–243 West 23rd Street, New York, 1910.

This volume of transactions is one of very great value. The papers which it contains are of a very high class and are very interesting. While this volume is small in size, yet it contains a great deal of interesting matter, as well as useful information relative to the American Pediatric Society.

The book contains 207 pages and is neatly and attractively bound.

Diseases of the Stomach and Intestines. By Robert Coleman Kemp, M. D., Professor of Gastro-intestinal Diseases in New York School of Clinical Medicine; Visiting Gastro enterologist to the New York Red Cross Hospital; Gastrologist of the West Side German Dispensary; Consulting Physician, Gastro-intestinal Diseases to the Manhattan State Hospital; Member American Medical Association. With 280 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company. 1910.

In this book the author has made a special effort to accumulate material which will be of special value to the practitioner from a simple and practical standpoint.

Many physicians have neither time nor opportunity to devote to a practical clinical course, and next in value to this for the purpose of instruction is the employment of photography to demonstrate the methods of diagnosis and treatment.

A chapter is devoted to *Diverticulitis*, which has become an important subject. The endeavor has been made to indicate as clearly as possible the conditions which call for surgical procedure.

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Surgical After-Treatment. By L. R. G. Crandon, A M., M.D., Assistant in Surgery at Harvard Medical School. Octavo of 803 pages, with 265 original illustrations. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $6.00 net; Half Morocco, $7.50 net.

These suggestions for after-treatment of surgical cases are of great benefit to two classes of practitioners—house surgeons in hospitals and general practitioners in communities which are not surgical centers.

Every procedure in this book has stood the test of practice and will safely do for the reader until, from his own experience, he develops his own methods.

We do not hesitate to recommend this book.

Pulmonary Tuberculosis and Its Complications. By Sherman G. Bonney, M. D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 955 pages, with 243 original illustrations, including 31 in colors and 73 x-ray photographs. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $7.00 net; Half Morocco, $8.50 net.

In this the second edition of this book on Pulmonary Tuberculosis, the author has made many very important improvements, and the book, as it now is, seems to be very complete in every respect. Many portions of the book have been almost totally rewritten, and every feature of the subject is thoroughly discussed, which of course makes a large volume.

The illustrations are magnificent and the binding is very attractive.

Duodenal Ulcer. By B. G. A. Moynihan, M. S. (London) F. R. C. S., Senior Assistant Surgeon at Leeds General Infirmary, England. Octavo of 379 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $4.00 net; Half Morocco, $5.50 net.

Among the many and great developments of modern abdominal surgery, few of the problems which were to be unraveled have proved more interesting than that concerned

with duodenal ulcer. Ulceration of the duodenum has only recently been looked upon as a disease that is very common. Today we know that this disease is common, and its discovery in the majority of cases presents no great difficulties to the trained clinician.

The binding of this book is very attractive and it appears in every way to be very complete.

It gives us pleasure to recommend this book to the medical profession.

Emergency Surgery for the General Practitioner. By John W. Sluss, A.M., M.D., Professor of Anatomy, Indiana University School of Medicine; Formerly Professor of Anatomy and Clinical Surgery, Medical College of Indiana; Surgeon to the Indianapolis City Hospital; Surgeon to the City Dispensary; Member of the National Association of Military Surgeons. Second Edition, Revised and Enlarged. With 605 illustrations, some of which are printed in colors. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

The fact that the copies of the first edition of this book on Emergency Surgery was sold within one year is sufficient evidence to indicate that the results of the author's effort to make a useful and practical book have met with the approval of the profession.

In preparing this second edition, the author has made every effort to profit by the suggestions and criticisms on the first edition, and we believe that this volume is a great improvement on the former one. A new chapter on the general technic of laparotomy has been added, and each subject has been carefully reviewed in this edition.

This volume contains 748 pages of reading matter including the index, and the illustrations seem to be appropriately inserted. The binding, which is of flexible leather, makes the book very attractive in its appearance.

Abstracts of the Leading articles of the month.

Note on the Use of Scopolamine-Morphine Combination as an Anesthetic Adjunct.—Thomson and Cotterill (Edinburgh Medical Journal) draw the following conclusions:

1. That as the result of giving either the single or the three preliminary doses, one does away with fear as a source of danger in the performance of an operation. There can be no doubt that the condition caused by fear is one which predisposes a patient to sudden syncoye, which is accountable, at least to a very considerable extent, for the cases of sudden death which form so large a proportion of the casualties which take place during the administration of chloroform. They desire to lay emphasis on this point, as they consider it one of the greatest importance. If due care be taken it is possible in the majority of cases to administer the anesthetic without the patient waking from sleep. Even in hospital, where the conditions could not be the most favorable as regards quiet, a large percentage of the patients had no recollection afterward of having been removed from the ward.

2. That the amount of anesthetic required is small. This is undoubtedly true, and, of course, the more the drugs are pushed, the less will be the amount of chloroform or ether required. In very many of the cases, after the preliminary incision had been made, no further application of the anesthetic was necessary; in the remaining cases a whiff of chloroform had to be given from time to time during the continuance of the operation, or small quantities of ether were applied continuously by the open method. They also mention that in no case in which the anesthetic had been removed at an early stage in the operation had they noticed the patient suffer from shock, even though the operation was a serious one—such as the amputation of an arm or leg. While acknowledging that there are undoubted advantages in the smaller amount of anesthetic required, they want to urge very strongly that the case for or against the use of this method does not rest only on this question; even in those cases in which the patient, at the time of operation, does not apparently react well to the drugs, and in which a considerable amount of anesthetic has to be used, they still can look for the other advantages which they claim.

3. That owing to the fact that the mucous and salivary secretions are to a great extent inhibited by the drug, the trouble caused by the excessive secretion which so frequently accompanies the administration of ether or chloroform is avoided.

4. That as regards sickness, both during and after the operation, the results are particularly good.

5. That the patients sleep on for several hours after the operation, and are thus spared a great deal of pain and discomfort from which they would otherwise suffer, which factors, when present, cannot fail to aggravate any condition of shock from which the patient may be suffering.

The Surgical Treatment of Tuberculous Ulcers of the Nasal Septum.—Onode (Medical Press) says that tuberculous disease of the septum as well as other parts of the nose occurs primarily with considerable frequency.

The nose is particularly exposed to infection through the air and this so especially true of the septum. Its mucous surface is subject to frequent abrasion. The site most often invaded by tuberculosis is the cartilaginous part. It may appear in the infiltrative, ulcerative or proliferative form. The first of these may remain latent for a long time—later causing ulcers covered by granulations. Perforations of the septum with raised edges are suspicious of tuberculosis. Tubercle bacilli, caseation, and giant cells determine the diagnosis, although it is not always possible to find the bacilli in tissue.

Treatment consists in cauterization or removal of tuberculomata with the snare. Sharp spoon curettage may be combined with the cautery. Relapses are frequent and are due to overlooking latent patches of disease or to bacilli remaining in the tissues.

Radical operation, by splitting up the nose, is described as necessary in some cases, but endonasal removal of the diseased parts is usually sufficient. An interesting case which developed general tuberculosis two years after an apparent cure of the primary lesion on the septum is described as among the author's experience.

Calcium Lactate in Eclampsia.—Halford (Australian Med. Gazette) says that the administration of calcium lactate in generous doses has been found most useful in eclampsia and eclamptic symptoms, as well as in the albuminuria of pregnancy, which the author considers to be due to paucity of calcium content of the blood. The salt is given in one gramme (15 grain) doses every four hours until the symptoms abate, then less frequently. In dangerous cases, where oral administration would involve too much delay, the author advises intravenous injection of a litre of warm saline solution containing about 0.6 gramme (10 grains of calcium lactate.

Collargol in Cystitis.—Gramenitski (Roussky Vratch) says that thirteen cases of cystitis, of varied origin, were treated by cleansing the bladder with 3 per cent. solution of boric acid followed by intravesical injections of collargol, 100 c.c. of a 1 per cent. solution being used, and this being retained until the next micturition. In two cases of chronic cystitis, one of gonorrhœal origin and one due to prostatic hypertrophy, the patients were able to retain only 50 c.c. Most of the cases were successfully treated; in one case of tubercular cystitis, in which both kidneys were involved, the result was negative, while in another similar case, involving one kidney only, marked benefit was observed on the tubercular infection of the bladder. Collargol is, in the author's opinion, valuable in cystitis when the process is limited to the bladder.

Veginal Myomectomy.—Thorn (Monatssch. f. Geburtsch. u. Gynak.) favors the vaginal enucleation of fibroids whenever possible. His method of choice is total removal of the uterus by the vaginal route, not only because of the difficulties in the management of the wound cavities left after enucleation, but also on account of the chances of leaving behind small fibroids which might subsequently increase in size. The writer has performed vaginal enucleation in seventy-nine cases without a death, although in twelve of these there was a formation of tumors from small growths which had been overlooked. Total extirpation by the vaginal route was done in one hundred and seventy-five instances with three deaths, two from pulmonary embolism and one sepsis. Altogether, he has performed 255 vaginal operations for myoma, with 1.18 per cent. mortality. In nine of these the operation, begun from below, had to be interrupted and laparotomy performed. Abdominal myomectomy is indicated for the removal of solitary tumors or favorably situated multiple growths which can be easily extirpated without any severe injury to the uterus, but are too large to admit of the vaginal procedure, also for myomata of the pregnant uterus requiring operation. In his opinion, however, the abdominal method has only a limited field and is being more and more displaced by the vaginal.

Treatment of Duodenal Ulcer.—Moynihan in the London Lancet says that the treatment of chronic duodenal ulcer should always be surgical. In a first attack of the characteristic symptoms, or even in a second, medical treatment may be tried; but it has been his experience that the surgical needs of the case have been recognized only after repeated attacks sustained often over a period of years. As the cases are seen now the performance of gastroenterostomy is almost always necessary. The conditions of the ulcer are such that a restoration of the duodeum to its normal state is impossible, and all that can safely be done is to afford a new outlet from the stomach. It is now the author's invaluable practice to infold the ulcer, in precisely the

same manner as if a perforation had occurred. This allows the ulcer to heal more speedily, as it ensures that almost no food passes through the pylorus.

Pathology of Chronic Parenchymatous Metritis.—Asserto (Folia Gynæcolgica) examined fifty-four cases in which the organ had been removed. The writer divides them into two types; thirty-four of pure metritis, and 23 secondary to some other genital affection. Uteri of the first type were elastic; those of the second were harder. There was a difference between the conditions found in the two types. All were increased in size with thickened walls. This was due to an increase in the amount of uterine muscle in the first type, but with an added increase of connective tissue and alterations of the vessels; in the second there was atrophy of the glands, leukocyte infiltration, and sclerosis of the vessels and stroma. These variations in the lesions will account for the variation in opinion with reference to the condition which is found among those who have written on this subject. In women over forty years of age these changes sclerotic nature are not pathological. The author believes that the conditions found are not an indication of inflammation. In the vessels the most frequently altered portion is the media; the intima may be thickened, or the advantitia may undergo hypertrophic changes. Between the two types are seen transition forms which show that one passes into the other. The conclusion is that this process is not a true inflammatory one.

The Treatment of Constipation in Children.—Dulays (Edinburg Medical Journal) says that "the constipation of adult life owes its origin to the acquirement of the habit in childhood." We should, in treating this condition endeavor to discover whether the seat of the mischief is in the rectum, upper part of the colon or in the small intestine, whether due to insufficient secretion in the intestines and liver or to atony of the intestine. Chief among the causes is neglect of attending to the calls of nature. The child should be asked or other means ascertained as to whether there has been a daily movement or not. Even infants can be trained and older children should be "seated" at some stated time of every day. Plenty of time should be allowed for this function. A glycerine suppository may aid when nature refuses. Another important factor in causing constipation is the giving of too little fluid. Every child should drink quantities of water every day. Insufficient exercise is another cause. In nursing children the mother's diet should be attended to, as a deficiency of fat and too little sugar will cause constipation in her infant. The mother should take malt liquids. In bottle fed babies, cream should be added, and the milk diluted. A change to raw milk frequently relieves the constipation. Purgatives are bad when given regularly. Phosphates of soda or milk of magnesia are good. Injections are bad when used too frequently. When the stools are gray colored and offensive, Gray powder works well. For older children, in the matter of diet, porridge should be given, also soups, brown bread with butter, bread with milk, green vegetables, fruit milk and starchy foods. The most useful general drug is Cascara. It is best given in small doses, three times a day.

Intestinal Incarceration in Inguinal or Fermoral Hernia.—Riedel (Deut. Med. Wochensch.) says among 210 patients with incarcerated hernia operated on he found a short coil of intestine to be caught in the internal inguinal or femoral ring in four instances. This condition results from an intestinal coil being driven into the internal ring or proximal portion of the hernial sac by forcible cough. The aperatures must be especially narrow, as otherwise the intestine would be driven further down. In the diagnosis the following points are to be remembered: (1) A coil of intestine can become incarcerated at any time in the proximal portion of the hernial canal. (2) Such incarceration may occur spontaneously. (3) A tumor develops on the inner side of the abdominal wall opposite the internal inguinal or femoral rings, of the size of a walnut to a small apple, extending backward into the abdomen. (4) The symptoms set in immediately with severe vomiting; at first distinct peristaltic movements of the coil are perceptible, which later subside when peritonitis has developed. The tumor also disappears as meteorism increases. (5) The external hernial ring shows nothing abnormal, and even on introduction of the finger it is ordinarily difficult to feel the strangulated intestine, because it is situated too high up.

Simpler Requirements for the Education of Nurses.

In the exhaustive discussion of nursing problems at a recent meeting of the Medical Association of the Greater City of New York, there was one phase of the subject which was apparently not touched upon by any of the speakers. This is the growing tendency in the larger training schools, in the selection of candidates, to choose young women of such education and social status that after having received their training, in many cases, they are disinclined to serve,

and are therefore after their graduation of very little further value in a nursing way to the medical profession or the public. This is very much as if graduates of West Point should decline their commissions in the army and resign the duties for which they are prepared by a costly government education, free of all expense to themselves.

These very superior and attractive young women not tufrequently marry, and doubtless they make excellent wives for their fortunate husbands, who are sometimes physicians, or their economic independence enables them to escape the laborious tasks of private nursing, which they soon find uncongenial. In either case, however, physicians and their patients receive no equivalent for their education in the hospital and training school. There is a real need for plain, commonsense nurses, not overtrained, who are imbued with the idea of loyal personal service and who expect to continue in the actual work of nursing the sick—people in moderate circumstances as well as the rich. In the opinion of many practicing physicians, this need can be adequately met only by training women of humbler social station, to whom the opportunity afforded by a nursing career will be welcome as a means of modest livelihood.—New York Medical Journal.

The Treatment of Cancer at the Cervix Uteri.

Cuthbert Lockyer of the Samaritan Hospital, London, contributes an important article on the results of the campaign against cancer of the uterus. He believes, and rightly so, that cancer of the womb is the most important subject in the whole realm of gynecology, because of its frequency and because it is often overlooked until too late for radical measures. In Welch's statistics comprising over 31,000 cases of cancer, the uterus was first in the list of organs most frequently affected by primary cancer one-third of all primary growths originating in that organ. Nearly all practitioners see two or three cases yearly. Roger Williams of Bristol, estimates that the disease is four times as common as it was 50 years ago.

The first serious crusade against this form of cancer was made by Professor George Winter in East Prussia, in 1902. The plan of campaign was as follows: There were issued to each doctor a brochure, to each midwife a circular and to each newspaper a "word of advice to womankind." Each operating gynecologist was requested to register all of his cases. Of the 84 cases collected during the next year, 45 came under observation through the family doctor. In five instances these men had not made an examination and the disease was ultimately discovered by other observers. In 11 per cent of the cases, therefore, the physicians had not followed Winter's advice. There was, however, a far greater response to his appeal to have portions of suspicious cervix and curettings sent to the laboratory for microscopic diagnosis. Twenty-five specimens were received, of which five proved to be carcinoma. Seven midwives had had cases and only one proved negligent. Winter figures out, that as a result of the newspaper campaign the number of operable cases rose from 62 to 74 per cent.

The Council of the British Medical Association took up this work in 1908 and has issued two appeals, one to the physicians and one to the nurses and midwives. Twenty-five thousand of the latter leaflets have been distributed.

There are three classes of individuals concerned in any successful attempt to cope with uterine cancer, the patients, the family doctor and the specialist. As far as the patients are concerned it is not too much to say that not one woman in a thousand appreciates the significance of irregular hemorrhage. The family doctor has been blamed for not making earlier diagnoses, but Lockyer thinks, from his experience, unjustly so. Yet it is necessary to again and again repeat that irregular bleeding is not a symptom of the menopause; that it means something abnormal and always demands a careful examination.

Lockyer then takes up the question of the radical Wertheim operation and shows what an improvement in statistics has followed the more general adoption of this method of treatment.—The London Practitioner.

Trachoma.

Much has been written of late regarding the pathology of this pestilent disease, a scourge which affects this country less than most, but which is believed by good authorities to be more frequent with us than it was. The literature has chiefly dealt with the question, still *sub judice*, of the existence and significance of the bodies described by Prowaczek, a difficult and highly technical problem. Meantime it is rather in regard to the treatment of one of its worst manifestations, the presence, namely, of newformed vessels in the cornea, which should be entirely avascular, that we write. When the granulations in the lids have remained there long enough to irritate the portion of cornea lying in contact with them, and are hard enough and rough enough to render that irritation sufficiently severe, there come to be formed in the superficial layers of the cornea new vessels, which make their way

in from the conjunctival loops near the margin, and may be so numerous, and surrounded by so much dimness of the cornea, that vision may be practically lost; in such cases the pathological condition of the cornea is spoken of as pannus, so called from its fancied resemblance to a piece of cloth. It has long been known that should an incidental inflammation of the conjunctiva occur and be sufficiently severe, one effect may be the complete destruction of the "trachoma bodies" in the membrane, and complete recovery may be the result—recovery not merely from the intercurrent affection, but from the previous trachoma as well. This has actually occurred from the accidental infection of an eye with gonorrhœal pus, and the fact has been made use of in the heroic treatment of trachoma by means either of jequirity (prepared from *abrus precatorius*), or actually of pus from a case of gonorrhœa. Now, in any case of gonorrhœa of the conjunctiva, the chief danger—one might almost say the only danger—is lest the cornea should ulcerate, and this risk is all the greater because the cornea is non-vascular. But in a case in which the cornea is superficially vascularized, the danger of such an ulceration is greatly reduced, and there are desperate coses of trachoma in which a good result may be obtained by wilful infection with pus from a gonorrhœal conjunctiva, and, so far as we know, can be obtained in no other way. Recently Goldzieher, of Buda-Pesth, the chief city of a great trachoma district, has written describing in full detail four cases in which, all other treatment being absolutely unavailing—the patients being not merely blind but in constant misery as well—he succeeded, by infecting the eyes from cases of ophthalmia neonatorum, in absolutely curing the trachoma, so that not a trace of it remained, in rendering the patients comfortable and free from pain, and in enormously increasing their power of vision. It is quite obviously a method of treatment not to be thought of if any less heroic measures are still capable of doing good, but a residuum of cases remains in which this may be the proper line to follow. A very brief account of one case will help to make this more plain; it is that of a man of 25, who became affected with trachoma during his military service (trachoma is very apt to haunt barracks). He was treated for three months as an out-patient, then for eleven months in hospital, undergoing every kind of treatment; he was then dismissed from the army as incurably blind. When he consulted Goldzieher he had copious discharge from the eyes, very severe photophobia, the conjunctiva was thick, brawny, very red. The cornea was so filled with new vessels that they could hardly be distinguished one from another; vision was reduced to mere perception of light. He was, when other treatment had again utterly failed, infected from a case of ophthalmia neonatorum, and the result after a few weeks (and remaining permanently) was that the conjunctiva became perfectly sound, not a trace of trachoma remaining, and the cornea nearly quite clear, with corresponding improuement in sight, and the eyes were perfectly free from any infection and any discomfort. In another case a boy, who had been an inmate of the blind asylum, was cured, and dismissed to learn an ordinary trade. Owing to the inherent dangers the method must be a *dernier ressort*, but the result must be a cure more complete than can be secured in much milder cases by any method whatever.—Wien. klin. Wochenschr.

Daltonism.

Alfonso Neuschuler defines Daltonism as a diminution in the chromatic sense, a dyscromatopsia, or partial or total achromatopsia. It is a diminution or loss of the chromatic sense. While absolute color-blindness for all colors is rare, a partial absence is not uncommon. It is more frequent in men than in women, on account of their more thorough education in colors. The total forms are generally bilateral, and associated with nystagmus and amblyopia. The most frequent forms of color-blindness are for red, for green, and for both of these colors. This condition may be congenital or acquired. In the congenital form the prognosis is absolutely bad. The secondary or acquired condition is dependent on general disturbances and symptomatic. There are various theories as to the causation of the congenital form, which the author recites. The symptomatology consists in alterations of perception for red and green, while the perception of blue and yellow is retained. In acquired Daltonism there may be atrophy of the optic nerve, or poisoning, as in alcoholic blindness. The use of santonin causes transitory disturbances of the color sense. The prognosis of this form is good.—Il Policlinico.

Presence of Diphtheritic Toxins Circulating in the Blood.

Gino Menabuoni has made careful investigations as to whether toxins of diphtheria can be found circulating in the blood of the patient after the throat infection has cleared up, and whether this is the cause of the late diphtheritic paralysis. His experiments were made upon rabbits, injecting the toxins, and examining the resulting gelatinous edema. He concludes that after a certain

interval the toxins are no longer found in the circulation. Toxins were found from three to four days after the membrane disappeared from the throat; its presence is subordinate to the presence of the bacilli in the infective focus, living and virulent. As long as there is exudate we may expect to find the toxins in the blood. The paralytic phenomena are probably not to be attributed to circulating toxins. The period of true activity of these germs is very short, and they are most active during the first few hours after the infection. The toxins fix themselves slowly on the cells but quite stably. As a corollary we see the necessity of preventing this fixation very early in the disease by the use of antitoxin. The avidity of the toxins for the receptors of the antitoxin is greater than that for the receptors of the cells.—Rivista di Clinica Pediatrica.

Local Injection of Sodium Salicylate in Acute Rheumatism.

Ghosh, lecturer on materia medica and therapeutics, Calcutta Medical School, treated cases of arthritis by the injection into the joints of solutions of sodium salicylate, to obtain locally, by the liberation of salicylic acid, the analgesic, antiseptic, and the specific action of the drug. This had been successfully carried out by Santini, who gives no explanation, but observes that the tendency to relapses was greater; his injections were endoarticular, and in some cases periarticular. Whitla recommends a deep hypodermic injection of carbolic acid in the treatment of synovitis and other joint swellings, and Senator speaks favorably of Kunze's method of injecting 1 per cent. solution of carbolic acid in acute rheumatism. Gillespie has recorded several cases in which 10 per cent. solution had been used with marked success so far as the relief of pain was concerned.

It appears to Ghosh that the curative value of these methods lies not in the carbolic acid, but in its conversion into salicylic acid, which in the laboratory is prepared by the action of CO_2 upon carbolates. The carbolic acid is transformed into a carbolate in the blood and tissues. Therefore, when carbolic acid is injected into an inflamed joint, the carbolate comes in contact with nascent CO_2, the result of local inflammation, with the effect that free salicylic acid is formed, which asserts its influence there.—British Medical Journal.

Intravenous Injections of Nuclein in Tuberculosis.

Edgar P. Ward (Medical Record, March 6, 1910) represents a new theory as to the action of nuclein in tuberculosis, in which disease he administers the remedy in a novel way. In every case of tuberculosis which he has examined within the past two years he has found a decrease in the specific gravity of the blood with a corresponding diminution of the percentage of hemoglobin. There is also a lessened number of red blood-corpuscles, with an increase of the deformed cell, or poikilocytes, as they are called. These changes are proportionate to the severity of the disease. As a consequence of the low percentage of hemoglobin there is a marked deficiency in the oxygen-carrying power of the blood.

This blood condition Dr. Ward has found to yield rapidly under the influence of intravenous infusions of a solution of sodium triticonucleinate, standardized to one milligram of organic phosphorus to each cubic centimeter. A physiologic salt solution is used as a vehicle.

Dr. Ward believes that the value of nuclein depends not so much upon its property of producing leukocytosis as upon its power of restoring the percentage of hemoglobin and of the number of red cells, while at the same time reducing the number of poikilocytes and increasing the specific gravity. In other words, the nuclein acts as a "blood-builder". That all these changes take place when the nuclein-saline solution is administered is shown by the author's detailed report of fifteen cases.

The nuclein-saline solution is given intravenously, under strict aseptic conditions. The dose of the nuclein solution used varied from 30 to 60 minims. This is diluted with a salt solution consisting of calcium chloride, 0.25; potassium chloride, 0.10; sodium chloride, 9.00; water, 1000. One ounce of the mixture is allowed for each twenty pounds of the patient's weight, eight ounces of the combined nuclein solution being an average dose for a person of ordinary weight. The solution is introduced into the median cephalic or median basilic vein, about twenty minutes being required for the completion of the transfusion.

In practically every case thus treated there has been a rapid increase in the percentage of hemoglobin, while the number of erythrocytes and the percentage of poikilocytes was diminished. In the majority of cases there has been a corresponding improvement in the patient's condition, shown by fall of temperature, slowing of the pulse and increase of weight. In forty-eight cases thus treated, practically all advanced, Ward has had but five deaths. Nine patients out of the 15 caces reported in detail recovered, 4 were improved and 2 died. These results are certainly unusual.

Dr. Ward's deductions are as follows:

1. If there is not a net increase in the

percentage of hemoglobin in two weeks' time, we do not expect any permanent result.

2. Even where there is no net increase in the hemoglobin, the treatment aids in keeping these people upon their feet.

3. With a constant increase in the percentage of hemoglobin, when the same has reached 85 to 100 percent, and remains at this point for one month after all treatment has ceased, the patient may be declared well.

Improvement in Manufacture of Culture Media.

The name "ragit-agar" has been given to a powder containing agar-agar, dried Maggi's bouillon, peptone, etc.; 42 Gm. of this powder will easily dissolve in 1 liter of water in the steam sterilizer, and the solution can be readily filtered. The resulting preparation has the same composition as ordinary agar-agar used as bacteriological culture medium.

A powder has also been prepared for the preparation of a Ragit-bouillon, and which, when dissolved in the proportion of 22 Gm. to the liter, will yield the ordinary broth.

The ingredients of Endo's medium for the rapid identification of typhoid bacilli are now supplied in tablets, one of which can be added to 100 Gm. of Ragit agar to make the culture medium.

All these preparations facilitate the manufacture of culture media and are especially valuable on board of ship and in the tropics, where full laboratory facilities are not found.—Muench. med. Woch.

Treatment of Ankylosing Joint Disease with Fibrolysin.

In the above conditions, Haeger and Aly inject the contents of a vial of fibrolysin doily, after having warmed the fluid to 45° C. The gluteal musculature is generally preferred as the site of injection. The average number of injections given is ten to twenty, and after the tenth injection massage and exercises are used to limber up the stiff joints.

The histories of 20 cases of chronic arthritis and chronic articular rheumatism are published in detail, and even in the most severe there was a decided improvement, despite the fact that other treatment had been resorted to for years. The general condition of the patients was also influenced favorably.—Muench. med. Woch.

Carrot Soup for Infants.

For infants suffering from acute or chronic intestinal disturbances, E. Moro highly recommends a soup prepared as follows: Five hundred grams of carrots are peeled, mashed and boiled out with water, until 375 grams remain. The mass is then rubbed through a very fine sieve and added together with 6 gm. of salt to 1 liter of broth. This soup was given to infants from two weeks to six months old with the best results. In acute cases the vomiting and diarrhea will cease in from one to three days and the fever and general symptoms of marasmus will rapidly disappear. In the chronic affection and in infants suffering from atrophy the result is no less prompt, and a rapid gain in weight can be noted. The stools are soft, very copious, and yellow or reddish-yellow. One of the most pronounced results following feeding with carrot soup is retention of water within the system of the infant.—Muench. med. Woch.

Impure Specimens of Apomorphine.

Harnack and Brandt point out that many specimens of apomorphine on the market are very impure and contain a large percentage of the polymeric trimorphine. Where one-half milligram of pure apomorphine will cause prompt emesis, two milligrams of the impure drug are necessary, proving that only 25 to 33 per cent. is really apomorphine and the rest trimorphine. The latter acts very much like morphine and may cause paralysis of the respiratory centers. The pure salt dissolves to a faintly alkaline solution, which soon turns green, while the impure preparation is white and more voluminous; the solutions are acid and do not change color so readily. Many cases of retarded and poisonous action can probably be explained by this toxicity.—Muench. med. Woch.

Tonicity of the Alimentary Structures.

"In convalescence from febrile disorders Seng imparts a desirable tonicity to the alimentary structures, coaxing back the vital functions that have been sadly exhausted and depressed. A substantial gain in weight gives early evidence of the potency of Seng as a promoter of nutrition."

Relations of Acute Polioencephalitis with Infantile Paralysis.

Delearde and Paquet consider that infantile paralysis and acute polioencephalitis are identical diseases with different localizations. The etiology of these diseases is not established as yet, but they give every reason to believe that they are similar to the other infectious diseases. Both begin with a febrile stage; a stage of paralysis follows in which the paralysis develops quickly; then comes the stage of regression of paralysis and permanent deformity. In polioencephalitis there is an inflammatory process affecting the bulbar motor nuclei,

while in infantile paralysis the motor nuclei for the muscles of the limbs are affected. Both involve motor nuclei. In polioencephalitis we have the eye nuclei involved, with fixity of the globe, ptosis, strabismus, and inequality of the pupils When the hypoglossus is affected we get troubles of deglutition. When the recurrent laryngeal nerve is involved there is failure of the voice; if pneumogastric is affected we have failure of respiration and rapid pulse with sudden death. The paralysis is flaccid, with atrophy of muscle, and failure of osseous development. The faradic contractility is lost in permanently paralyzed muscles, and galvanic reaction of degeneration is present. Postmortem there is found inflammation of the bulbar nuclei. All these symptoms are common to both the diseases under consideration.—L'Echo Medical du Nord.

Meat Diet in the Tuberculous.

Vandeputte says that the tuberculous subject loses in weight because of increased waste and deficient nourishment. The increased waste results from the fever, the profuse sweats, and the expectoration, as well as the inability of the digestive organs to assimilate foods. The results of meat diet are not brilliant; tolerance fails before a sufficient amount has been taken to feed the body. Man is not a carnivorous animal in the normal state, and cannot become so in a pathological state. If too much protein be taken we get bad digestion, flatulence, and diarrhea due to intoxication from poisonous materials ingested. When the meat is replaced by vegetables we get absence of these symptoms. A mixed diet has these aduantages; it keeps up a good appetite; continues the normal function of the digestive tract, and facilitates assimilation. This is necessary for the cure of the individual. If the action of the liver be not good the whole organism suffers.—Le Nord Medical.

Treatment of Epistaxis.—Boyd, in the Australasian Medical Gazette, describes a simple method of plugging the nares for obstinate epistaxis which has resisted the usual routine of compression, cold or iced douching, smart purgation, and anterior plugging. He very truly remarks that the operation of posterior plugging as commonly performed is very unpleasant to the patient, and that it requires special instruments which are nine times out of ten not procurable in an emergency. The plan he recommends is easily and quickly followed, and requires only strips of clean muslin and a pair of dressing forceps; it is said to be almost as efficient as Rose's bag, and hardly more than inconvenient to both patient and operator. A dry piece of fine-starched muslin about six inches square is wrapped round the points of a closed pair of dressing forceps, by placing the latter in the centre of the square and then folding the muslin round the blades umbrella-fashion. This is then passed through the nares until it impinges on the posterior pharyngeal wall; the forceps is then withdrawn. The edges of the muslin are spread out over the face, and the hollow cone inside the nose is rapidly plugged with small pieces of cotton wool soaked in any available styptic-vinegar in default of the more usual astringent drugs. If—says the author—it is not necessary to plug the post nasal fossa, the muslin can be pulled very slightly forward after the withdrawal of the forceps, so as to clear the posterior wall of pressure before the plugs are introduced. This is worth bearing in mind, as it avoids the temporary deafness otherwise set up.

"The Laxative De Luxe."

The Abbott Alkaloidal Company, of Chicago, Ill., claim for Thalosen that it is the best phenolphthalein laxative produced in this country or abroad. That is a big contention, but there are a host of medical men who stand ready to uphold it. If any of our readers are unacquainted with it we recommend that they take the time to write for the complimentary trial package of the tablets offered in current advertisements.

Thalosen appears to be an out-of-the-ordinary laxative and the samples will prove a revelation to those who know phenolphthalein only in the commonplace forms in which it has been exploited for several months past.

Each tablet contains one grain of phenolphthalein with senna and sulphur in correct proportions, in an aromatic base. For convenience it is segmented into quarter doses. Whether it is because a refined grade of the drug is used in its making or because of the presence of synergistic drugs we do not know, but Thalosen is certainly more satisfactory in its action than the phenolphthalein-laxatives that have come from other sources. In this combination one grain of phenolphthalein seems to go farther and operate more completely and regularly than twice the dose of this drug given alone or in other combinations.

The tablets are edible as candy; for children and older people who demand palatability it is the evacuant of choice. One physician who apparently cannot say enough for it recently described Thalosen as "the laxative de luxe" and we notice that the manufacturers are very properly making use of this apt title in their printed matter.

Transverse Tracheotomy.—Franck (Munch. med. Wochenschr.) pleads for a transverse skin and tracheal incision. A transverse incision is made over the cricoid cartilage, the skin being pinched up before being incised so as to avoid dividing the anterior jugular veins which are not raised with the skin. The head is bent backwards, and the wound gapes, especially downwards, giving a clear view of the subjacent structures. The muscles are separated mesially in the usual way. The isthmus of the thyroid gland is gently pressed down by the left index finger, and the trachea opened transversely; the tracheal wound gapes, the tube is inserted, and the skin wound stitched at both ends.

The following are the advantages claimed for this method: The cosmetic result is greatly superior to that of the longitudinal incision, as the scar lies in the fold of the neck, the incision being one of Kocher's "normal incisions." The stitched-up parts of the skin almost invariably heal by first intention, as the secretion which is expelled from the tube does not run over them, while aseptic healing is exceptional in the longitudinal method. The exact situation of the mesial intermuscular division may be missed in the case of the longitudinal incision, but the transverse lays open the whole field. The transverse opening in the trachea obviates the difficulty of introducing the tube, for if the head be bent backwards, the tracheal wound is opened widely, and the tube is easily slipped in without the use of any instrument. When the tube is removed the tracheal rings, when the head is in normal position, fall back into place with almost mathematical accuracy. Stenosis of the trachea is much less apt to occur as a late result of the operation. The transverse operation requires no retractors, nor any instruments except a knife and the tracheotomy tube.

The Treatment of General Suppurative Peritonitis.—Bornhaupt (St. Petersburger med. Wochenschr.) comes to the following conclusions: (1) That success in the treatment of general peritonitis depends much more on the time at which the operation is undertaken than on the nature of the operative treatment. (2) In early cases, if the source of the infection be dealt with, the abdomen may safely be closed without drainage. (3) In general suppurative peritonitis douching out of the abdomen is the most rational and the best form of treatment. (4) In peritonitis affecting only the lower abdominal zone douching out is better avoided. (5) From available statistics it is found that almost equally good results are obtained by the "wet" and "dry" methods of treatment, but it is very difficult to draw conclusionss as in many of the records sufficient care has not been exercised to distinguish between cases of diffuse and those of generalized peritonitis. (6) The propriety of pouring sterile oil into the peritoneal cavity in cases of generalized peritonitis is as yet undecided. (7) The pelvis should be kept lowered during the after-treatment (the position now associated with the name of Fowler is not considered essential). (8) Rectal and intravenous infusion of saline are of great value; the addition of adrenalin to the latter is of doubtful value. (9) When intestinal paresis sets in gastric lavage is of the greatest help, but the injection of drugs, such as physostigmine, seldom does much good. Enterostomy in the hands of some surgeons has given good results.

Spurs of the Os Calcis.—Sarrazin (Deut. Zeitschr. f. Chir.) observed ten cases of spurs of the os calcis, and these he illustrates by X-ray drawings. In addition, he investigated twenty-five patients chosen at random, and in three of them he found spurs which had never caused the least trouble. He also records two cases in which the spurs began to cause pain only after a sprain of the foot. In one case he was able to prove by the microscope that the spur consisted of a true exostosis, occurring as a conical outgrowth of the cortex along with the cancellous tissue of the bone. On the plantar aspect of the spur and the adjacent part of the os calcis, he found a layer of calcified fibro-cartilage, which he was inclined to look on as the transformed remnants of a bursa. He attaches importance to this bursa in the pathology of calcanean spurs, and suggests that the pain may often be due to inflammation in it. The removal of the spur is the most certain method of treatment, but it should not be undertaken till palliative measures have failed. Of the latter, the best are small, ring-shaped air-cushions which lie under the heel.

He believes that the spurs are generally pre-existent, and are only discovered after a trauma.

Eucerin Cold Cream as a Detergent.—Unna (Monatsh. f. prakt. Dermat.) believes that the weak side of all treatment of eczema of the face and of rosacea is the difficulty of cleansing the skin. The chief injury is done in the morning, when the skin, after being washed with soap and water, is exposed to air and cold. In order to minimize this the plan of delaying the purification till evening has been adopted, this being done immediately before the employment of the selected local application. In the morning

the skin is merely wiped. Since such patients cannot stand ordinary soap, a mild superfatted one must be substituted. There is, however, a small percentage of individuals whose skins are so sensitive that even these expedients are followed by sensations of heat and tension, which last for some time after each washing. It occurred to the writer that his eucerin cold cream, which contains 28 per cent. more water than ordinary cold cream, might fulfill all indications. This, the author has found, it does satisfactorily, and as its use is succeeded by no feeling of tightness or irritation, it can be employed as often as may be required. It is both refreshing and perfectly cleansing. In using it in this way the eucerin cold cream is smeared fairly thickly on the skin with the finger, then after an interval of time the surface is gone over with a soft, fine towel. The skin so dealt with is left clean, and not greasy.

Operative Treatment of Pyosalpinx.—Amberger (Beitrage zur klinischen Chirurgie) mentions the following conclusions:

The operation for pyosalpinx gives extraordinarily gratifying results. Carried out in the interval it is almost without danger. The small mortality is not to be considered in view of the suffering and disability produced by the disease. Every woman who is suffering from chronic pyosalpinx should be advised to be operated upon. The acute exacerbations of pyosalpinx are frequently very severe and threatening to life. In such conditions, unless the attack is seen to subside quickly, operation should not be delayed until the peritoneum is badly involved. In none of the author's cases was operation responsible for a fatal result.

The results of the author's operations as shown by after investigation have been, taken altogether, satisfactory. No necessity exists in the great majority of cases for such radical operation as the removal of the uterus, the removal of the diseased adnexa being, as a rule, all that is required.

Treatment of Psoriasis.—Little, in The London Medical Lancet, deals with the treatment of the disease under two heads, viz., "ambulatory" psoriasis, when the patient is able to go about, and "lectual" psoriasis, when the patient is confined to bed. In the former class, chrysarobin is the best drug to employ. It should be used in the form of ointment, 2½ to 5 per cent. strength, combined with a fairly adhesive base. Small patches may be treated by means of the ointment stick. When chrysarobin cannot be tolerated, a mixture of oil of cade 1, in olive oil 8, may be used, or an ointment containing oil of cade and salicylic acid. Tar baths are also recommended, and the uses of Rontgen rays, light baths, and spa treatment are discussed. In cases where the disease is acute and extensive, or when the patient is desirous of being speedily cured, confinement to bed is essential. In such cases the chrysarobin may be applied all over the body, and the treatment kept up until desquamation of the entire surface has taken place. The face and genital organs should be suitably protected. Of internal remedies arsenic, although not a specific, is the least uncertain remedy. Diet and general attention to the laws of health are considered, and the author believes that more importance is to be attached to restriction of alcohol than to restriction of meat.

Cerebral Puncture.—Forster (Berlin. Klin. Wochenschrift) arrives at the following conclusions:

1. Cerebral puncture should be performed in all cases in which the local diagnosis of the tumor is uncertain; in all cases where a palliative operation would not enter into consideration, in the presence of an inoperable tumor (in order to determine the operability of the tumor); and in all cases in which the differential diagnosis of tumor enters into consideration, death being imminent unless intervention is adopted.

2. Puncture of the brain should not be performed until after an accurate local diagnosis has been rendered. In case there is no guide or landmark of any kind, the so-called "mute" portions of the brain should be explored, beginning with the right frontal lobe.

3. No operation should be performed above parts in which normal brain was found at the time of the puncture.

4. Puncture should be omitted in nontuberculous abscess cases, except those in which an abscess is suspected but cannot be localized. The danger of infection will have to be incurred under these circumstances.

5. The puncture should be performed by the neurologist, after previous agreement with an operating surgeon, who holds himself in readiness to follow the puncture at once with a trephining operation, should this become necessary.

Treatment of Lead Poisoning by Artificial Abscess Production.—Charles (The British Med. Journ.) says that it is well known that if a subcutaneous injection of essence of turpentine be given there is a considerable accumulation of leucocytes at the site of injection—a veritable leucocyte bleeding—forming a large abscess. As the leucocytes act as the carriers of lead within the organism, the author has suggested the

possibility of utilizing such artificial abscess production in aiding the elimination of lead from the system. His experiments have fully confirmed this hypothesis. In dogs in which subacute or chronic lead poisoning had been produced it was found that the pus from the abscesses contained much more lead than any other organ. Thus, in the case of a dog which had been given during seven days 14 cg. of red lead, the pus obtained from the abscess yielded 0.005 gm. of lead sulphate; while the liver, where this metal most readily accumulates, did not yield more than 0.003 gm., and in the intestine and brain there were only slight traces of the metal. Starting from these facts, discovered experimentally, showing the eliminative power of the abscess, the author tried the method in the human being. Two patients were thus treated. They were both suffering from chronic lead poisoning as a result of their work. One of the patients suffered from violent colic accompanied by uncontrollable vomiting, which resisted all treatment. The second case was one in which the general health was markedly affected, and which presented also bronchial and pulmonary symptoms. In both cases a subcutaneous injection of 1 ccm. of essence of turpentine was given in the thigh. The effect of the treatment was rapid and showed itself both in the general condition and in the pulmonary, bronchial, and intestinal symptoms. The amount of lead obtained from the pus in the first case (32 grams of pus) was 0.0025 gram, and from the second (10 grams of pus) 0.001 gm. of lead sulphate. It is noteworthy that the first patient, a house painter, had stopped all work for three months, but, in spite of that, the amount of lead eliminated by the abscess was relatively considerable. This new method is thus an effective means of withdrawing lead from the system, and it is extremely probable that as the method has shown itself of value in chronic lead poisoning it will be at least as valuable in acute cases.

Amenyl, New Emmenagogue.—Falk (Therap. Monatshefte) says amenorrhea is frequently one of the most difficult conditions to treat, as all the drugs commonly used only too often fail. This applies especially to functional amenorrhea in well nourished and apparently healthy girls. There are often pronounced nervous symptoms, and a local treatment may not be possible. But even in married women, electricity, massage, and hyperemia often are not so effective that internal medication can be dispensed with.

A new drug with very promising action is amenyl, a methyl-hydrastimide, closely allied to hydrastin. In toxic doses, this compound will cause paralysis with considerable permanent dilatation of the blood vessels. As a result, there will be a marked fall in blood pressure. With non-toxic doses there will be no pronounced increase in the frequency of the heart action, and no irregularity.

For the treatment of menstrual disturbances, it is absolutely essential that the bowels move freely. Hence aloin should be given in doses of 0.05 to 0.1 gm. twice daily, where there is constipation.

Clinical Study of the Nervous Troubles Connected with Pott's Disease.—Delore and Chalier (Lyon med.) say that although motor difficulties may appear early in Pott's disease, they are generally late in their occurrence. Pain, contractures, and deformity usually precede them. Exageration of the reflexes and epileptoid tremblings occur frequently and very early, as a result of irritation. Epileptoid trembling is always a pathological sign, and is easier to elicit in young children than increased knee-jerk. These signs are the precursors of paralytic symptoms. Simple monoplegia, total paralysis may be seen in these children, according to the site of pressure on the spinal cord. It may occur abruptly with sudden appearance of gibbosity due to atloaxoid luxation, or may be apoplectiform in its approach. In other cases it comes on slowly, beginning with easy fatigue, stumbling of the knees. The paralysis is frequently but not always spasmodic. There may be a complete interruption of the paths in the spinal cord, motor and sensory, leaving a flaccid paralysis. If there is an incomplete interruption we have a spastic paralysis without loss of sensation and with increased reflexes. We must distinguish four types of paralysis: spastic paraplegia with exaggerated reflexes, but without troubles of sensation; flaccid paraplegia with abolition of reflexes, but no sensory troubles; flaccid paralysis with abolition of reflexes and dissociation of sensation (syringomyelia); and flaccid paralysis with abolition of reflexes and complete anesthesia. The most frequent is spasmodic paraplegia with exaggerated reflexes and sensory disturbance. All degrees of paralysis may be seen from slight weakness to complete paralysis.

When contracture is severe walking becomes impossible. Trophic and sphincter troubles may be added and the patient may succumb to secondary septicemia. These cases may not be so grave, and many of them recover spontaneously. Curable paraplegias may be recognized by these characteristics; slow development of spasm; in-

complete loss of sensation; no loss of flesh; normal muscular irritability and reflex excitability; absence of relaxation of sphincteas, sloughs, and congestion abscesses.

Carcinoma of the Stomach with Metastases in the Bone Marrow.—Harrington and Teacher in The Glasgow Medical Journal say that the occurrence of cancer metastases in the bone marrow is followed in most instances by the appearance of large numbers of erythroblasts and myelocytes in the blood, usually associated with a high color index and megalocytosis. Where there is reason to suspect the presence of cancer, the constant presence of large numbers of erythroblasts and myelocytes in the blood, with megalocytosis and a high color index, should suggest bone metastases. The presence of bone pains favors the diagnosis, but the greatest importance is attached to the condition of the blood. The blood picture is due to the stimulation of the bone marrow by the metastatic tumors. The manner in which they act cannot at present be determined. Probably both defective hæmogenesis and increased hæmolysis take part in the production of the anæmia. The very widespread distribution of tumor through the skeleton, with its absence from the viscera, suggests a selective affinity on the part of the tumor for the bone marrow, and they believe the following to have been the sequence of events in their case. The tumor developing in the red marrow in its normal situations destroyed it, and a compensatory hypertrophy took place in the same situations in which this has been noticed in septic conditions and after severe hæmorrhage, viz., in the medullary cavities of the long bones. There the ordinary yellow marrow was to a very large extent replaced by red marrow rather of the erythroblastic type; and in this new marrow the secondary tumors had developed to a greater or less extent. While the bone marrow and the blood present evidence of disordered (megaloblastic) red corpuscle formation, the marrow is particularly free from degenerative changes, and is not the bone marrow of a pernicious anæmia.

Mechanism of Tubal Occlusion.—Young in The Jour. Obst. Gyn. Brit. Emp., says that analysis of the theories regarding the disappearance of the tubal fimbriæ shows that they fall under one of two headings: (1) Theories which explain the process as being due to an increase in the total length of the tube wall, which, by expanding in an outward direction, becomes projected beyond the tubal fimbriæ. According to the theory of Doran, the increase in length is dependent on the swelling and increase in substance of the tube wall associated with salpingitis, etc. According to Ries, the gliding outward of the "peritoneal ring" over the fimbriæ is rendered possible by the fact that the walls became loose and redundant subsequent to the collapse of a distended tube. (2) The theory of Opitz, which explains the process as due to retraction of the muscular and mucous coats of the tube within the serous coat, and the theory described in this paper, in which the gliding process involves only the mucosa and inner coat of muscle.

It seems probable that the recession of the fimbriæ in cases of hydrosalpinx and tubal pregnancy is dependent on, and occurs during, distention of the ampullary portion of the tube. The tube is inserted at its outer extremity into a slit in the peritoneum. The peritoneal "ring" corresponding to its attachment probably withstands a considerable tension without stretching. This resistance to a stretching force is probably increased when the peritoneum becomes thickened by an inflammatory process extending from the affected tube—in this way the "peritoneal ring" becomes converted into a "peritonitic ring." As the consequence of a salpingitis or the congestion associated with tubal pregnancy, the fimbriæ become swollen and, as expansion in an outward direction is prevented by this ring, they become pressed together; this leads to a functional occlusion of the opening. The mucous membrane of the tube and the inner coat of muscle are intimately adherent the one to the other, and together may be considered to form a well-supported tube lying within a loosely fitting and distensible sheath formed by the outer muscle coat and peritoneum. The inner "tube" is strengthened on its internal aspect by the longitudinal mucous ridges which enables it to withstand, probably with a considerable measure of success any longitudinal strain. For this reason the distending force acting from within will lead to a strecthing of the inner portion of the tube wall more in the transvere than in the longitudinal direction. This disproportion between the degrees of expansion of the tube in the different diameters is, however, to a certain extent compensated for by the fact that, with a taut peritoneal ring, the loose fit between the two parts of the tube wall enables the mucosa and inner stratum of muscle to be drawn within the outer muscle layer and peritoneum to take part in the formation of the wall of the tube sac. There must of necessity be present a gliding of the inner portion of the tube over the outer, leading to a withdrawal of the fimbriæ, which are merely exuberant projections of the mucosa beyond the abdom-

inal opening. The writer advances these considerations as an argument in favor of the fact that the retraction of the fimbriæ in a case of tubal pregnancy is established subsequent to, and is dependent on, the structural changes induced in the tube, and is not the result of an inflammatory process preceding the ingrafting of the ovum in the tube wall.

Adenoids, Nocturnal Enuresis, and the Thyroid Gland.—Williams (British Journal Children's Diseases) is of the opinion that many cases of nocturnal enuresis are due to deficiency of the thyroid gland secretion, and he advocates the giving of thyroid extract in treatment. Careful investigation will reveal in many of these patients the stigmata of cretinoid degeneration. Particular stress is laid on the following in this connection: (1) a persistently subnormal temperature; (2) a deficiency in height and weight; (3) abnormalities of the skin and its appendages, more especially the hair, not only of the head, but also and particularly of the superciliary region. Only moderate doses of thyroid extract should be given (5 grains thrice daily being regarded as a very heroic dose). Signs of intolerance have occasionally been noted, and of these, nasal catarrh is the most constant, tachycardia being less often met with. To control scientifically the administration of the drug, the child should be regularly weighed; but even more important, the temperature should be frequently taken. So long as the subnormal readings persist, the drug may be continued; as soon, however, as the temperature reaches normal, caution is necessary; and at the first indication of a rise beyond normal, the drug must be suspended. Many cases are recorded, and the results obtained have been most satisfactory.

Camphor in Pneumonia.—Seibert (Muench. med. Woch.) finds that camphor in large doses, injected early in the disease (12 cc. of a 20 per cent. oily solution twice daily), is a specific in pneumonia due to the pneumococcus. The 21 cases treated showed the following characteristics: (1) There was no crisis, but a slow and steady defervescence by lysis, with general improvement of all the symptoms dating from the first injection. (2) The improvement was most marked after every renewed injection. (3) The disease was considerably shortened. Not a single case was lost. Large doses of camphor are well tolerated, thus, one patient received 4.32 gm. within twenty-four hours without any after-effects. Experimentally, it could be shown that pneumococci will not grow on culture media if 1 part of camphor to 10,000 is added. Pneumococci injected into the ear-vein of rabbits will soon prove fatal, but it is possible to save the animals if 1 cc. of a 20 per cent. camphor oil is injected one hour later.

Hydatid Cyst Growing from the Vertebral Column.—Hume (Norman) (Indian Medical Gazette) mentions the case of a patient, a soldier, who presented a swelling on the nape of the neck, which had first attracted attention about three weeks previously. At this time it was very small, but by the time the man came under observation, its size was about that of an orange. The tumor was symmetrical, in the middle line of the back of the neck, tense, not painful, very slightly tender; the skin was freely movable over it, but the tumor itself was fixed. The case was diagnosticated as one of broken-down glands, probably tubercular, as there were no signs of syphilis or acute inflammation, and no other glands in the body were affected. The neck was painted with tincture of iodine; a week later, there was no increase in size of the swelling, but slight fluctuation was detected. The patient was admitted to the hospital for operation, and the author made a vertical incision over the tumor, discovering that it lay deep in the muscle tissue. The muscles were separated in the median line till the cyst wall was rendered visible. On puncturing the cyst wall, a daughter cyst escaped. Twenty-nine more were evacuated, ranging in size from a walnut to a pea. The endocyst was removed piecemeal, and the ectocyst and surrounding tissues were curetted. The cyst was found to be growing from the spinous process of the third cervical vertebra. Hooklets were looked for, but not found.

He points out the rarity of this observation, as hydatid cysts affecting bones are uncommon, only 61 among 1862 cases quoted by Osler springing from bone. The case is furthermore interesting from a diagnostic point of view.

Painful Sternum (Sternalgia).—Hampeln (Berliner Klin. Wochenschrift) points out that the pressure pains of the sternum and its surroundings have received but scanty attention in the past. The writer says that he was enabled to observe a series of such cases in his practice, in which the pain appeared spontaneously as well as in connection with pressure. The tenderness takes its origin in the periostem. The pains sometimes resemble the anginoid disturbances in angina pectoris, which are started by walking out-of-doors; other cases are easily mistaken for intercostal neuralgia. The cause of these pains is referred by the author to repeated small traumatic influences affecting the sternum and the ribs,

through the patient's occupation and clothing. They are readily accounted for by the mechanico-static demands upon the sternum, and may appear as the result of ordinary taxation of the bone, but especially after over-exertion or straining, finding their expression as neuralgic or ostealgic disturbances. The treatment is suggested by the etiology of the condition.

Early Getting-up Among Puerperal Women.—Mullerheim (Berl. klin. Woch.) discusses the various experiences of authors who advocate the practice of letting women sit up soon after labor, instead of lying in bed for nine days, and the gymnastic methods allowed while they lie in bed. Some authors allow the women to get up a few hours after labor to pass urine and to sit up a few hours each day, leaving the hospital at the end of the week. Others permit gymnastic exercise, with movements of the legs and the abdominal muscles. The author was decidedly opposed to these measures at first. He now believes that these gymnastic exercises have considerable value. The author believes that he has found a middle course by having constructed a bed which is capable of changing its shape, so that the patient may be raised to a sitting posture without leaving the bed. The author thinks that however well the early rising of the patient may result in the hospital, where the patient is under careful supervision, it is doubtful whether it will not be harmful when applied in the home among working women, with whom to get out of bed is to go to work. It is doubtful whether weakness of the abdominal muscles, prolapsus, and ptosis of abdominal organs will not ensue after the patient has left the hospital, the eighth or ninth day after labor being too soon to decide on the matter. As to the occurrence of embolism, some authors believe that early rising is a prophylactic against it. Some interesting observations have been made in Java. Here the woman is not allowed to go to bed after labor, and among these women embolism is frequent, as well as prolapsus, anemia, and neurasthenia. Mechanical thrombosis, occurring without fever, in cases of heart and circulatory disturbances, occurs generally in the pelvis and legs. It results from slowing of the circulation, and here muscular movement and increase of circulation are of value. In septic thromboses movement and exercise have serious results. Early rising should be carried out in carefully selected cases only. It entails danger of late infection through the vaginal discharge, and increases the amount of prolapsus of the abdominal and pelvic organs among working women.

Abdominal Hysterectomy Sixty-three Hours after Labor for a Necrosed and Suppurating Sub-peritoneal Fibroid.—Turner (Medical Press and Circular, London) mentions the case of a married woman age 32, nullipara, who consulted him March 22, 1909, on account of a hard lump which she had noticed in the left side of her abdomen for about a fortnight. Her last menstrual period ended on January 18, and the ordinary symptoms of pregnancy were present. He found a firm, elongated, freely movable tumor lying on the left side of, and attached to; the uterus, which was about two months pregnant. It was considered to be apedunculated fibroid, and he removed her to the hospital with the intention of removing it. On April 8, the abdomen was opened, and the fibroid was found attached to the uterus by a very broad base: it was not considered removable without terminating the pregnancy, or without considerable risk. As its position on the left angle of the fundus was not likely to allow it to interfere with the course of pregnancy or labor it was decided to allow the case to go on to term and perform a myomectomy later on. Till about the seventh month the pregnancy was normal; but from that time she had pain in the region of the fibroid after any exercise. Labor commenced on October 26th, but full dilatation was only reached at 9 p. m., on the 29th. Throughout the labor the pain was most severe over the fibroid, which felt harder and tenser than when it was examined a fortnight before. The second stage was short and, towards the end, precipitate. The child—a boy—was born at 11:45 with a very long cord curled three times around the neck. There was rather a sharp post-partum hemorrhage, and in introducing the hand the placenta and membranes were found adherent which had to be stripped off. In doing so a very small intramural fibroid was felt in the anterior wall, and a somewhat larger submucous one near the right cornu. The pulse after labor was 86. On the 31st, in the morning, the pulse was 98, and the temperature 100.2. The tumor was tender and painful. The lochia was scanty and sero-sanguinous. In the evening, temperature was 100.4, with a pulse of 106. On the morning of November 1 (third day), the patient looked ill and anxious. The region of the tumor was very tender, and the pain in it had increased in severity. The whole abdomen was somewhat tender, the temperature 100.2, pulse 126. The lochia was almost absent, represented by a little clear serum only. There was a rather

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extensive superficial slough on the lower part of the vaginal wall on the left side: this was swabbed with pure carbolic acid. In view of the steady and progressive rise in the pulse rate, combined with the increasing pain and tenderness over the tumor, it was concluded that the fibroid was sloughing, and advised operation. The patient was operated on at 3:15 p. m., 63 hours after the birth of the child, and the uterus was removed by Doyen's method. Three or four pints of saline solution were introduced into the abdomen while the wound was being closed. This caused the pulse which had become imperceptible, to revive, and at the end of the operation, which lasted nearly three-quarters of an hour, it was not much worse than at the beginning of the operation. An hour later three pints of saline were introduced into the median basilic vein, with one drachm of adrenalin—1:1000 to each pint. The convalescence was without incident. The left edge of the abdominal wound sloughed a little, owing to interference with its blood supply by the scar of the former operation.

Description of parts removed. The specimen consists of the puerperal uterus with a tumor about the size of the head of a three months baby, slightly ovoid in shape, which has grown from the left angle of the uterus in front of the broad ligament. On slitting up the uterus, its cavity is found to run up into a pocket two inches deep on the inner side and to the back of the tumor. There is a small submucous fibroid, the size of a shelled walnut, near the right cornu on the anterior wall. A second, still smaller interstitial fibroid, is situated about the middle of the anterior wall. The lining membrane is shreddy; but not unhealthy looking. The placental site is on the anterior surface extending to the fundus. On incising the tumor there was a gush of excessively foul and stinking pus. The tumor is almost entirely converted into an irregular cavity lined and trabeculated by yellowish grey opaque slough. This is bounded by a layer of apparently normal fibroid, which on the side nearest to the uterus is three-quarters of an inch thick, while at one point of the incision it is less than one-tenth of an inch, so that the slough is covered by very little more than the peritoneum.

Acidosis in Relation to Anesthesia.—Wallace (The London Practitioner) mentions the following suggestions as to the treatment of acidosis following the use of an anesthetic:

Prophylaxis in Routine Work.—(1) A consideration of the present metabolic activity from the history of the patient, and an examination of the excreta. (2) Regulation of metabolism. Avoidance of starvation. (3) Administration of drugs. Bicarbonate of soda should only be used in those cases of diabetes in which the organism is unable to deal with glycogen. Glucose is the most valuable drug.

Method of Administration.—Sodium bicarbonate by the mouth in solution 1 drachm to 1 ounce *ad libitum*. Glucose by the mouth. Many children will take it as a sweet in the viscid state in doses of ½ to 1 drachm. Glucose may be given to adults in ½-ounce doses thinned in water. The routine at the Prince of Wales's Hospital is 12 such doses.

Choice of Anesthetic.—Ether, given in the open method, is the least toxic of the anesthetics in general use for prolonged effects.

For regional anesthesia novocaine has given good results.

If the condition has become established before operation the following course is advised:

1. Delay, if possible, in order to control the condition by diet and drugs.

2. If the case is too urgent, glucose may be given intravenously as a 2.45 per cent. isotonic solution up to two pints every six hours.

Glucose solutions must be made fresh for each case, and sterilized. Subcutaneous infusion is not to be recommended on account of the sloughing which may occur.

Treatment when the Condition has Supervened on Anesthesia.—He has been struck with the rapidity with which toxic symptoms have disappeared under the exhibition of glucose. He cites the following case:

Female, aged three years. Typical symptoms; restlessness, excitement, unconsciousness save when aroused to take glucose. Diacetic acid in the urine; 10 ounces of glucose were taken in twelve hours. Recovery was very rapid.

The author found no benefit from the administration of sodium bicarbonate, except in washing out the stomach, which should be done in severe cases. If vomiting is uncontrolled, glucose must be given per rectum or intravenously; but it will be found that washing out the stomach, as a rule, will enable that organ to retain glucose. The administration of morphine, cocaine, or strychnine is worse than useless, morphine especially tending to aggravate the condition. Alcohol may be given in small quantities, but depressing dosage must be avoided.

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Miscellaneous.

Rheumatic Inflammation of Serous Membranes.

It is well known that inflammation of the serous membranes, especially of the pericardium and pleura, with or without endocarditis, may occur during the course of acute rheumatism. Ernest Mosler, of Berlin, in an interesting paper (Berl. klin. Woch., Feb. 14), points out that multiple serous inflammations may occur suddenly in rheumatic subjects, and that they may dominate the clinical picture. He also claims that this condition, to which the inelegant name of polyserositis rheumatica has been applied, is less uncommon than is generally supposed, since during the last eighteen months there have been 15 such cases in the first division of the Rudolph Virchow Hospital at Berlin.

The cases fall into two groups—one in which the condition occurs during the course of an attack of acute rheumatism of severe character, seldom beginning before eight days and often not until three weeks after the onset of the joint symptoms. In the other group there is more difficulty in recognizing the nature of the affection of the serous membranes, the joint symptoms preceding them being slight in character and easily overlooked, so that the clinical picture is more suggestive of septicemia. In both groups the onset of severe symptoms is sudden. There are usually severe stabbing pains in the region of the heart, severe dyspnea, increasing until orthopnea supervenes, and an increase in the sensation of heat and fever.

In some cases shortly after the onset friction sounds can be heard in the pericardium and pleuræ, and in most cases by the second day these are widely heard, and at this time there may be some dullness on percussion at the bases of the lungs. In the majority of cases the pericardial friction persists during the course of the affection, while the pleural friction disappears, owing to the occurrence of pleural oxidation, which, however, rarely reaches a degree sufficient to require tapping. In some cases endocarditis complicates the condition, and may supervene during or after the other serous inflammations.

Some degree of myocarditis occurs in all cases, and very shortly after the onset of symptoms marked irregularity of the pulse, with dicrotism and sometimes with bigeminism, develops. The pleurisy and the pericarditis usually clear up without leaving any permanent damage, but the myocarditis, if persistent or if complicated by endocarditis, may cause convalescence to be very protracted, and may be followed by organic mitral regurgitation.

In a few of Dr. Mosler's cases the toxic nature of the affection was clearly manifested by evidence of renal irritation in the form of albuminuria with abundant casts. In all the cases investigated blood cultures proved sterile. The pleural exudation consisted almost invariably of turbid, serous fluid, and also gave negative results on bacteriological examination. Cytological investigations showed more leucocytes than lymphocytes.

Dr. Mosler believes that the dyspnea, which is the symptom causing most distress to the patients, is due to the pericardial inflammation and not to the fluid in the pleural cavities. The prognosis of the condition is by no means bad, and in general is more favorable after puberty than in childhood.

Of the 15 patients studied by Dr. Mosler, 10 were discharged cured, 4 were left with severe mitral regurgitation and some chronic rheumatic changes in the joints, and 1 case died.

The treatment adopted was to give antipyrine in solution as the anti-rheumatic medium with the least harmful effects, and to give small doses of morphine for the relief of the pain and dyspnea. Good results were invariably obtained from this latter drug, and even a small, rapid, and irregular pulse was not regarded as a contraindication to its use. Locally, warm applications to the precordial region gave relief, and painting with iodine was also found to be useful. The application of an icebag proved to be unpleasant to all the patients to whom it was applied. In cases with severe affection of the myocardium, digalen was given, and subsequently carbon dioxide baths were employed. The condition of polyserositis or polyorrhomenitis formed the subject of an interesting paper by Dr. F. Taylor some years ago, who pointed out the importance attached to these cases by Italian observers. Similar multiple serous inflammations occur in pyemia and in tuberculosis.—The London Lancet.

The Physiology of Bloodletting.

As everybody knows, the treatment of disease by bloodletting has had an unusually checkered career through the whole history of medicine. After many ups and downs the practice probably reached its zenith in the hands of the famous French physician Broussais—whose doctrines and example met with such success in the first quarter of the nineteenth century that his professional rivals asserted him to be responsible for as much bloodshed as Napoleon I.—and his pupil Bouillaud. Since their day, how-

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ever, the leech and the lancet have been less and less freely employed, till at the present time bleeding for the relief of acute disease is a comparatively rare event. No longer a matter of routine, or even of precaution, it is now habitually and perhaps unduly neglected. This neglect is no more than natural, for general treatment by bloodletting has always rested upon an *a priori*, or at best upon an empirical, basis. It has always lacked the support of confirmatory evidence derived from physiological or pathological experiments upon animals or man, and, in addition, it is little in sympathy with the naturalistic trend of modern methods of treatment.

Yet not a few researches have been published within the last twenty years incidentally showing that the powers of resisting disease may be increased by the letting of blood ot the proper moment. For example, Roux and Vaillard in 1893 proved that the bleeding of immunized animals might bring about a rapid increase in their production of antitoxins or antibodies, and since that date additional evidence to the same effect has accumulated from many sources, the experimental observations being made on rabbits, goats, horses, and others of the lower animals. But how far these results could be transferred to man, and to what extent the formation of antibodies in human beings could be promoted by bloodletting, are problems that have only recently been attacked directly, the evidence here being bound to come from the clinical rather than from the purely experimental side.

Dr. Schroeder, of Copenhagen, has published an elaborate investigation into the variations brought about in the agglutinating power of the serum by both small and large bleedings. In part his observations were made upon patients with enteric fever or paratyphoid fever, and in part on animals immunized by injections of cultures of bacillus coli or bacillus typhosus. He finds that in the case of the animals, when the development of the specific agglutinating power due to the injection of the bacteria has passed its maximum and begun to decline, a bleeding will have the marked effect not only of arresting that decline, but also of causing a considerable further increase in the specific agglutinating power. In other words, the bleeding acts just as a second bacterial injection would. This, of course, has been long known, and is admirably and graphically illustrated by a number of curves of agglutinating power in Dr. Schroeder's paper. But the chief interest of his investigations lies in the studies he has made of the development of agglutinin in the serum of patients with enteric or paratyphoid infections, employing an unimpeachable technique. He finds that, graphically expressed, their agglutinin-formation follows a curve very similar to those he had already observed in the artificially immunized animals. Bloodletting in the patients (from 3 to 20 ounces being withdrawn), as in the animals, was speedily followed by a rise in the specific agglutinating power of their serum.

Dr. Schroeder cautiously asks if it is not possible that this augmented production of agglutinin, and presumably of other antibodies as well, may not furnish, in part at least, the correct explanation of the beneficial effects that have been ascribed from time immemorial to the letting of blood in acute disorders? To answer such a question in the affirmative seems only reasonable. And thus it may be that experimental pathology has furnished at the last a partial excuse for even the worst excesses of those who believed in and practiced the "saignees coup sur coup" of the last century, and for the "hæmatomania" and "vampyrism" ascribed some eighty years ago to Broussais's pupil Bouillaud, the stoutest bloodletter known to medical history.—British Medical Journal.

Curettage in Uterine Hemorrhage.

Bonney, in a paper on the diagnosis and treatment of hemorrhage from an unenlarged uterus, read before the Medical Society of London, said that curettage as a treatment for uterine hemorrhage was a very successful operation when carried out in proper cases, but its illogical use was followed by many failures. Where the cause of the bleeding was a diseased endometrium, its erosion was obviously the rational course, but if the deeper parts of the uterine wall were at fault, or the hemorrhage was due to excessive size of the menstrual area, or where no organic disease existed (functional hemorrhage), curettage was an altogether irrational proceeding. The unauthorized use of the word "endometritis" to cover all cases of uterine hemorrhage not due to new growth was much to be regretted, because it divorced surgery from pathology, to the detriment of the former. It was true that one sometimes saw cases cured by "curettage" where no pathological justification for the operation appeared to exist, but illogical successes in treatment were met with probably more frequently in gynecology than in any other department of medicine and surgery.

Curettage, then, was likely to be successful where definite endometrial hypertrophy, inflammatory or otherwise, was proved to exist. Where the curette removed nothing and scraped hard and rough on the uterine

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wall, the probability of the operation doing any gopd was slight. In such cases diffuse fibrotic metritis was probably present. Curettage was contraindicated in cases of functional hemorrhage except as a last resort, and in full understanding of the empirical nature of the remedy. For myomata it was a bad proceeding, very liable to fail, and associated with a definite risk, both immediate as regards the operation and remote as regards its effects upon the tumor.

In regard to electrotherapy, the older methods appeared to be incapable of influencing organic disease, but the modern zinc mercury ionization treatment was a very definite way of directly applying powerful drugs to a diseased area. In this regard it resembled other intrauterine applications, but with the difference that the penetration of the chemicals was probably far greater. —British Medical Journal.

Treatment of Gastroptosis.

There can be no doubt that a gastroptosis occurs, yet it is rare and is usually part of a general ptosis of the abdominal viscera. The majority of cases formerly diagnosed as gastroptosis, owing to the presence of gastric succussion low down, are merely instances of elongation of the stomach. The cause is usually a loss of elasticity and insufficient supporting fat. Wherever atony of the stomach is present there is gastroptosis, but not every gastroptosis shows signs of atony. Many cases with symptoms of atony really do not show atony, but the patient merely suffers from nervous dyspepsia and feels the normal fullness of the stomach as an abnormal sensation. Usually, however, the pylorus here is abnormally low.

According to v. Noorden, the therapeutic means of treating gastroptosis are as follows: (1) Small and frequent meals. Solid and liquid food should not be taken together. (2) Rest after meals, especially on the right side. (3) The use of drugs which increase the tonicity of the stomach walls. Among these are strychnine, physostigmine, and pilocarpine. (4) General treatment of the nervous condition of the patient. (5) The use of supporting bandages. (6) A diet tending to increase the fat in the abdomen.

Examination with the Roentgen rays shows that even snugly fitting bandages have more of a psychical effect, but with a fattening diet the pylorus will soon return to its normal position. Lavage is rarely indicated, except occasionally before the patient retires.—Therap. d. Gegenwart.

Length of Life.

D. von Hansemann, in a fascinating article on this subject, offers the opinion that when our prophylactic and therapeutic skill shall have reached its highest point, the length of life will not materially exceed the limits which, in the present day, are attained by a large number of individuals. All that we may achieve will be an increase in the average age, and the avoidance of diseas s of old age. Physiologic death is not a result of the wearing out of the cells, but arises from the same causes. Weismann is of the opinion that physiologic death as a quality of the metazoa has been acquired through adaptation. To decide this question we must consider whether individuals who have passed the period of procreation are still useful to their kind, whether their preservation is a matter of indifference to their kind, or finally whether their preservation is deleterious. The instinct of most animals answers in the affirmative to the last of these questions. According to the old Norse sagas, old people who were no longer of use to the tribe took their own lives. We formerly held the view that animals and, with them, mankind, possessed but two impulses, on the basis of which all their deeds were to be explained, viz., the impulse of nutrition and the impulse of procreation. But although among many of the lower animals and most plants death follows immediately upon completion of the procreative task, yet in many instances the aged are also capable of benefiting their kind. This depends on the fact that there is really a third impulse, inherent in living substance, that is the altruistic impulse. It is a characteristic of living protoplasm that it does work for related protoplasm, in order to obtain from the latter in turn services which aid its own existence. Aging individuals of a genus are able to render the greater service, the higher the organization of the genus. Nevertheless, there are always some elderly individuals who have ceased to be useful and are therefore a detriment to their kind. To this extent Weismann's theory is perhaps admissable. The average age reached by mankind lies between 35 and 38 years, the brevity of this average depending mainly on infantile mortality. The apparent increase in the frequency of cancer probably depends on the fact that in the last few decades an increasing number of mankind have reached an advanced age. Disregarding the infectious diseases, cancer is the greatest enemy of humanity. Material improvement could be attained through limitation of sexual diseases, alcoholism, and rachitis.

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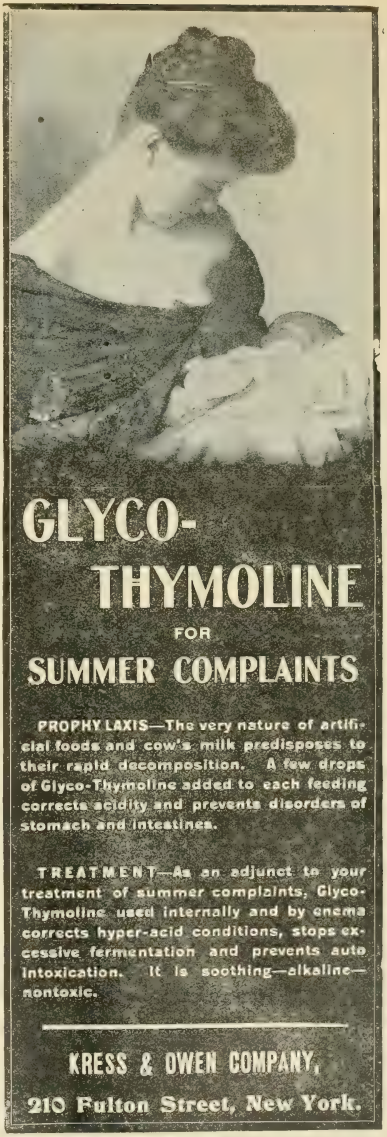
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fective lives? Would not the maintenance of a large number of biologically frail individuals tend to bequeath their disposition to degeneracy to their descendants? From this point of view hygiene might ultimately carry within itself the germ of ruin for the human race. Hygiene is one of the factors in modern culture. What we call culture is a part of the mechanism of domestication, which in its turn withdraws men and animals from the strict principles of selection. Through domestication many features of adaptation to enviroment are lost; and hence arise a number of diseases of civilization. If culture, and hygiene, thus really prove injurious to the race, we yet derive from these same sources a series of compensatory protections against harmful influences. We have to decide, not merely whether hygiene carries with it injurious results, but whether the gains outweigh the losses. Our efforts to limit the mortality among nurselings result in part from mistaken principles of humanity. Such efforts would properly be limited to those infants who in later life are likely to be of service to the human race, that is, such as are bodily robust but by various circumstances are hendered in the development of that sound body.—Berl. Klin. Woch.

Acetone and Diabetes.

If a diabetic patient excretes acetone and the urine does not react with iron chloride, there is usually no imminent danger of coma. The intensity of the acidosis can usually be gauged by the amount of acetone excreted; thus, with more than 3 Gm. daily, the case is usually a severe one. Frequently, when alkalies are first given, the amount of acetone excreted will temporarily rise, though the patient may really improve.

The cause of this is not quite clear. If acetone appears suddenly in larger amounts, the danger is greater than in the more chronic cases, since the system becomes gradually accustomed to the poison. As long as the patient is still able to utilize the sugar derived from the proteid, there is usually no danger of fatal coma. It follows that if the patient is on a strict proteid and fat diet, no change is necessary, if the iron reaction becomes positive, provided no sugar is excreted. Since proteid is also able to form acetone, the amount ingested should be kept as low as possible.

To determine the prognosis of a case of diabetes with acetone, H. Luthje gives the following rules: If diacetic acid is absent, there is little danger of coma. If diacetic acid is present, there is also little danger, if the patient excretes no sugar with a strict meat and fat diet. It is much more difficult, however, to form an opinion where the carbohydrate derived from the meat is not fully utilized. Here accurate daily analyses of the acetone and oxybutyric acid excreted will be necessary.—Therap. d. Gegenw.

Relation of Tonsils to Rheumatism.

It is surprising, according to Schichold, how often suppuration will be found in the tonsils in persons afflicted with rheumatism. The customary inspection will not suffice, but the tonsils must be freely exposed by means of a hook which will pull them forward. The germs responsible for rheumatism are contained in the pus filling the follicles, and are only too apt to enter the blood after an acute inflammation.

Less commonly, rheumatism will be caused by pus in other localities, such as in carious teeth or in the accessory sinuses of the nose. Even Luschka's gland may be responsible.

In treating rheumatism it is therefore of the greatest importance to remove the pus, which, in case of the tonsils, is best accomplished by slitting open the follicles and subsequently removing as much as possible of the organs. The customary tonsillotome should not be employed, since it removes only a small portion from the top of the tonsil. With the pus removed, the rheumatic attack will be checked and recurrences will be avoided. Besides the affection of the joints, the complications will also be favorably influenced. The inflammation of the endocardium and myocardium can only be cured if the affection is recent and no serious tissue changes have occurred. Old verrucose deposits are not influenced and may even set up recurrences.

Besides checking rheumatic affections, treatment of the tonsils will also improve conditions which often accompany tonsillitis, such as inflammation of the kidneys. —Muench. med. Woch.

The Bromides.

"In the treatment of spasmodic diseases of childhood, Peacock's Bromides will be found to replace advantageously other forms of bromide medication, because it rarely, if ever, is rejected by the stomach. In addition to epilepsy, they may be resorted to with confidence in convulsions, cholera, infantile colic, nervous cough (whooping cough), and in certain forms of enuresis attended with irritation about the neck of the bladder."

Fellows' Syrup of Hypophosphites

Probably no specific known to the profession, during the last half century, has met with such marked success.

Reject < Worthless Substitutes Preparations "Just as Good."

Dr. Pettey Admits Partner and Enlarges Sanitarium.

Dr. Geo. E. Pettey of Memphis has admitted his former assistant Dr. W. R. Wallace as a full partner in his Sanitarium and they have built a forty room addition to their sanitarium.

The new building has peen constructed according to plans especially adapted to their work, rooms en suite or single, with private bath, hot and cold water, electric bell system, steam heat, with every modern conveniences for the employment of hydro and electric therapy. Separate buildings for male and female patients.

While their work will be principally confined to the treatment of Alcohol and Drug Addiction they will hereafter also admit patients suffering from Mental and Nervous Diseases. A detached building will be used for the mental cases where special attention will be given to the treatment of acute insanity. Violently insane patients will be admitted for treatment during the acute stage.

"Whatever be the nature of rheumatism and gout, every practical physician realizes that they are amenable to treatment and that it is a matter of as much importance to open the doors by which the poison goes out as to close those doors by which it comes in. Hence prompt and thorough elimination must be obtained through the liver, the kidneys, the bowels and the skin."

For accomplishing this purpose there is no remedy equal to Tongaline, which has been so successfully used for more than 25 years in the treatment of rheumatism, gout, neuralgia, grippe, sciatica, lumbago and kindred diseases.

In all forms of diarrhea and dysentery—when it becomes necessary to allay excessive peristalsis, overcome spasm and control pain, there is no remedy that gives as uniform satisfaction as Papine. The sedative, analgesic action of this remedy is manifested immediately, and the characteristic tenesmus is relieved almost as promptly. Here, again, the recovery of the patient is not interrupted by the customary severe constipation by which the use of other opiates is commonly followed.

A very Grave Error.

The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of antikamnia tablets. Among those who have paid high tribute to their value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London, They have found these tablets of value in the neuralgia and nervous headaches resulti g from over-work and prolonged mental strain, paroxymal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed the practitioner who has such cases as the latter come under his observation, and who attemps their relief by opiates and stronger drugs, when such an efficient and harmless an agent can be used, commits a grave error.

Experience goes to prove that two antikamnia tablets in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.—Medical Reprints, London, Eng.

Treatment of Uterine Fibromata During Pregnancy.—Kufferath (Jour. Med. de Brux.) mentions his views as follows: Uterine fibromata should only be treated if they exercise a deleterious influence upon pregnancy. Their tendency during this period is to enlarge, become softer and somewhat edematous, but rarely to break down. The size and position of the fibroid is especially to be considered, the most dangerous being those which are submucous. The growth may result in interruption of the pregnancy and dangerous hemorrhage, or in hemorrhage without abortion, which is quite rare, in retroflexion or retroversion, violent pain, localized peritonitis, symptoms of compression, abnormal positions of the fetus, rapid emaciation and cachexia. The treatment, if required, varies greatly. Artificial termination of the pregnancy is often very difficult and sometimes necessitates total removal of the uterus. Early delivery should be resorted to only in the presence of severe dyspnea. In general, any active treatment should be refrained from during the pregnancy if its course is normal. Operation upon fibromata is to be avoided at this time. On the other hand, intervention is necessary if complications exist. Fibroids of the cervix should be removed if they give rise to suppuration or hemorrhages. Large growths should be extirpated if they greatly increase the dangers of delivery. An attempt should always be made at first, however, to so displace the mass that the symptoms of compression are more easily borne. If this is impossible, however, laparotomy must be resorted to, proceeding as conservatively as possible. Total extirpation of the tumor is preferable to the Cæsarean operation, because the presence of the growth prevents the drainage of secretion. If the fibroid, however, is inoperable, recourse may have to be had to Cæsarean section, removing at the same time the ovaries, so as to prevent subsequent pregnancy.

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WE find that the use of Antiphlogistine in vaginal tampons is a new thought to many a physician, but when he once learns of it he wonders that he has not used it in that way before. In fact, Antiphlogistine makes the ideal tampon, for while its hygroscopic properties deplete the congested parts, its plastic nature affords the required support.

Technique—Place the requisite quantity of Antiphlogistine in the centre of a square of gauze, gather the edges up around the Antiphlogistine bag-fashion, tie a string around the neck of the bag and insert through a speculum.

Wherever inflammation or congestion is a factor, Antiphlogistine is indicated and should always be applied warm and thick and covered with absorbent cotton.

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NEW YORK.

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SALICYLIC ACID and SODIUM SALICYLATE

We contend that a synthetic chemical may give reactions apparently identical with its native prototype, but this fact does not establish identity of physiological action.

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Note the conclusions of Prof. Latham (Cambridge, England) confirmed by Doctors Charteris and Mac Lennon (Univesity of Glosgow).

Their judgement is that ARTIFICIAL Salicylic Acid, and its Sodium Salt.

"Are slow but certain poisons.
Produce symptoms closely resembling delirium tremens,
Are dangerous to human life.
Have to be watched and are not to be trusted.
Retard convalescence.
Should not be administered internally, however much they may have been dialized or purified."

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R—Sodii sulphatis (dry).....30 grains.
Sodii salicylatis [Merrell]..... 10 grains.
[From Natural Oil.]
Magnesii sulphatis ..... 50 grains.
Lithii benzoatis ..... 5 grains.
Tinctura nucis vomicae ..... 3 drops.

"Only one dose of this medicine is given in twenty four hours, and after the patient is fairly under treat ment this is commonly the only remedy used."

Therapy.

In studying the ingredients of this formula one finds that these medicines have been used for many years in the treatment of this condition. Magnesium sulphate is necessary to overcome the constipation which is present in nearly all cases, and by its action we unload the portal circulation and eliminate the poisons through the intestinal canal.

Sodium sulphate acts very much in the same manner, plus the cholagogue action, Lithium benzoate acts as an intestinal antiseptic, as well as an eliminator through the kidneys. The small amount of nux vomica which the formula contains is added largely to cover the soapy taste of the other ingredients, and thereby make it more palatable. Sodium salicylate "Merrell" is the remedy par excellence of the prescription, This remedy not only acts as an intestinal antiseptic, but increases the functional activity of the liver.

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A Sodium Salt of

Natural Methyl Salicylate.

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Gaultherine is an antiseptic, antiferment and antiputrefactive, used successfully in washing sores or ulcers and in other cases of antiseptic surgery.

Internally, in one grain doses, well triturated with powdered sugar of milk, it has been used as an intestinal antiseptic to overcome offensive ructus after meals. Large doses irritating and of doubtful utility.

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An Iodine derivative of Methyl-Salicylate Non-irritant, Non-toxic, Odorless and Colorless.

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Compared with other iodine compounds. Iodozen possesses a maximum of antiseptic with a minimum of irritant effects, is readily absorbed by the skin when combined with lanolin or other ointment base, and therefore constitutes an efficient succedaneum for iodoform. It is powerfully antiseptic and in many cases may advantageously be reduced with acetanilide, boric acid or zinc stearate.

SALAMID---Merrell.

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From Natural Oil.

Therapy.

This amidogen derivative of salicylic acid closely resembles this valuable remedy in therapeutic properties, but acts more promptly and in smaller doses. It is a more powerful analgesic and safer in all cases. It is useful in chronic rheumatism, neuralgia, migraine, ovarian pains, follicular tonsilitis, and does not depress the system. The physiological action of Salamid is closely related to that of salicylic acid, but the former is not apt to produce headache or ringing in the ears, and does not reduce cardiac energy ;owing tot he presence of the ammonia radical in the compound. Salamid is of special value in the treatment of acute and subacute articular rheumatism, reducing swelling, pain and temperature, It has likewise been used with good results in neuritis and neuralgias. In chronic rheumatism, Salamid should be given the first place among remedies of its kind.

XANOL---Merrell.

SODIO-CAFFEINE SALICYLATE.

From Natural Oil.

Therapy.

"Xanol is the best vaso-motor heart tonic that we have for children, its indirect action being to produce free diuresis. This salt is to be preferred to all others, because it is most soluble, and being made with true salicylic acid is absolutely unirritating." By its use the physician avoids the dangerous results following the administration of the salt made with the synthetic acid of commerce.

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New Hospital Building for Post-Graduate Medical Sdhool-Work has been commenced on the new building for the New York Post-Graduate Medical School, which is to cost $600,000, making the Institution's capacity about 400 beds. It is to be twelve stories in height will have several novel features. The building will include a tower, with rooms for fifty private patients, and on the roof of the tower will be a pavillion for open-treatment. There is also to be a loggia, open to the street front and to the rear, on three floors, where beds can be kept permanently with exposure to the air. In addition, there will be three long balconies to the eastward, and the entire top of the main building, seven stories high, with the exception of the space taken up by the tower, will be occupied by a roof garden, so that it can be seen that unusual provision will be made for giving the patients abundance of fresh air. There are to be eight operating rooms, 18x20 feet in size, but no large amphitheater for operations, as it believed that the best results can be obtained by having small numbers of students in proximity to the operating table. There will, naturally, be well-equipped laboratories for research work, and special attention will be paid to the investigation and teaching of tropical diseases. After the new building is completed the present quarters of the Post-Graduate, adjoining, will be arranged, and the nurses home in connection with the nurses home in connection with the institution is to be rebuilt at a cost of $100,000.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page xvi, of this issue.

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Registration of Nurses in South Carolina.

After January 1st, 1911, trained nurses in South Carolina will be required to stand examinations before being entitled to registration. This is in accordance with an act of the Legislature of South Carolina passed at its last session.

Meanwhile before that date, under the terms of the act, nurses holding diplomas from reputable training schools will be entitled to registration upon presentation of their diplomas to the State Board of Medical Examiners at its approaching meeting.

Sterilization of the Skin by Tincture of Iodine.

A method of sterilizing the skin is suggested by Dr. Grossich who applies a 10 or 12 per cent. tincture of iodine to the field of operation and to the surrounding skin without any preliminary scrubbing with water. His investigations have shown that the tissues absorb the iodine much more readily when they are dry, and that it penetrates deeply into all the seams, which does not occur with the usual preliminary scrubbing with soap and water. The water softens the epidermal cells and they swell and plug the openings. He relates his experience with this technique, especially in a large number of cases of open, crushed wounds in laboring men. The parts are shaved dry, and then painted with the tincture of iodine, and a sheet is then laid over the naked patient with a hole over the field of operation—the sheet fastened to the skin with a few small clamps and reaching to the floor all around. After anesthetizing the patient, the field of operation is painted a second time with the tincture of iodine, and the completed suture is swabbed anew with it. He has never seen any by-effects from this technique, not even when a third of the body was painted with the iodine. This technique Grossich believes eliminates all danger of infection from the patient. He applies it only when the wound is still entirely free from signs of inflammation such as redness and swelling. If the tincture of iodine is applied after the parts have been recently scrubbed with soap and water, there is much more danger of suppuration; it is indispensable that the tissues should be dry when the iodin is applied for sterilizing purposes.—Grossich, Zentralblatt fur Chirurgie.

Gastric Ulcer in Childhood.—Kaufmann (Zentralbl. fur die gesamnt. Therap.) deals with the subject of gastric ulcer as it occurs in the later years of childhood, and describes three cases in which, during the last 18 months, he has carried out a strict gastric ulcer cure. In none of the cases was the presence of gastric ulcer a matter of absolute certainty, unless the symptoms and the prompt result of the "cure" be accepted as proof. The first case was that of a boy nine years of age, who had suffered for weeks from abdominal pain localized at the pit of the stomach, and associated with the taking of food, There was no vomiting, pain on pressure, or increase of free acid, but the symptoms resisted all treatment for weeks. A typical ulcer "cure" was instituted, and a permanent recovery speedily followed. In the second case, a boy 11 years of age, severe pain in the stomach was present both before and after food, and had resisted medical treatment for months; the result of the ulcer "cure" was as striking as in the last case. The third case was that of a girl 10½ years old, in whom the symptoms had persisted for a year. Whether ulcer was or was not present in these cases, the fact remains that the ulcer "cure" was the only one which succeeded in removing the symptoms; and the author recommends that for children with obstinate stomach symptoms there should not be too long delay in embarking upon such treatment. He is also of opinion that in adults doctors in general practice are too slow to consider a case one of gastric ulcer unless hematemesis occurs or blood is present in the stools. In carrying out a cure Kaufmann would insist upon at least four weeks of absolute rest in bed, with at least two further weeks before work is resumed. For the first eight to

fourteen days he gives only milk mixed with cream, or in some cases milk mixed with the sterilized creams which have a higher caloric value. Meat may sometimes be begun during the fourth week, although it may be well to wait longer, especially if the acid estimations are high. The special points of emphasis are: more frequent, longer, and more rigid gastric ulcer "cures."

The Meninges in Scarlet Fever.—Benard (Klin. Woch.) says that many of the cases of meningitis complicating scarlet fever which have been reported in the past are without foundation. The introduction of the lumbar puncture in 1900 has made diagnosis possible during life. Benard shows its rarity by finding only nine cases in 13,550 cases of scarlet fever in hospitals from all parts of the world. He has concluded from his 28 authentic cases, proved either by lumbar puncture or autopsy or both, that it is very rare, is found practically only in infants, secondary as a rule, and most often resulting from an otitis media, due to the patency of the Petrosquamosal suture. The most common organism is, as would be expected, the streptococcus. He makes the following divisions of its pathologic anatomy: Infection meningitis, bacteria being present without cellular reaction; secondly, reaction meningitis, manifested by simple cerebrospinal hypertension, lymphocytic spinal meningitis and meningeal congestion; and lastly, true meningitis, which may be merely histologic, seropurulent or purulent. The symptoms are typical of meningeal irritation or meningitis, according to the severity of the invasion. The same may be said of the progress and the prognosis. Some of the cases of reaction meningitis recover, according to the virulence of the organism. But on the whole the outlook is very grave. Hence the treatment is of little use. Repeated tapping may give relief, especially in cases of hypertension. But, as a rule, the progress is sure and rapid to a fatal termination.

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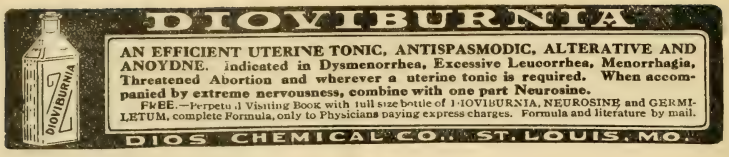
Displacements of the Ovaries.—Stratz (Zeit. f. Geburts. u. Gyn.) says that he finds that the cause of displacement of the ovary in various directions is a predisposition from abnormal length of the ligaments and weakness and the extra-ligamental position of the ovary. The immediate causes are mechanical insults, trauma, changes in the topography of the neighboring organs, overfilling and long distention of the bladder and rectum. The interruption of the circulation from displacement causes edema of the organs and often hemorrhage into them. He gives histories of five cases observed by him. Secondary inflammation takes place. There is a congenital shortening of the upper ligaments, or lengthening of the *ligamentum propii ovarii*, and the *ligamentum suspensorium*. The ovary may be displaced downward, forward, or upward. Descent is most frequently seen. The clinical symptoms generally come on acutely with pain, changes in menstruation, and signs of peritoneal irritation, such as nausea, vomiting, and flatulence. The diagnosis may be made by bimanual examination, which shows that the ovaries are absent from their normal situation, and present in another location.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The pain usually occurs in the premenstrual period, is located especially on one or the other side, and is followed by swelling of the ovary. Treatment consists of rest in bed, ice to the abdomen, and sedatives in the acute stage; later, bimanual reposition.

A meeting of the Lancaster County physicians was held in Lancaster, S. C., on May the 17th, at which time they organized a County Medical Society.

Dr. T. J. Strait was elected president, and Dr. W. F. Laney secretary of the organization.

Graduating Exercises of Columbia Hospital Nurses.

The graduating exercises of the Training School of Columbia Hospital, Columbia, S. C., took place on June the third. The exercises were held in the chapel of the Washington Street Methodist church, Columbia, and were enjoyed by a large audience. The graduating class was composed of the following young ladies: Misses Mamie Ruth Martin, Agness Watt, Elizabeth Louisa Beard, Edith Marie Bruce, Daisy Shannon, Helen Lucinda Vaughn, Theresa Lightsey, Mary Gulledge.

Medical College of South Carolina.

The annual commencement exercises of the South Carolina Medical College were held in the Academy of Music, Charleston, S. C., on the evening of May the fourth. The occasion was one of great interest to the people of Charleston.

The speaker of the evening was Mr. Yates Snowden, Professor of History at the University of South Carolina. He spoke along practical lines, and in a way which made an impression upon the large audience generally, as well as the medical portion of it.

The graduating class included the following young men: W. L. Lauder, Greenwood; W. H. Burgess, Sumter; Charles O. Mobley, Rock Hill; Charles F. Black, Bamberg; H. J. Stuckey, Bishopville; C. D. Hanna, Ennoree; R. G. Blackburn, Columbia; H. R. Switzer, Switzer; T. R. Littlejohn, Jonesville; George A. Hennies, Columbia; L. D. Wells, Holly Hill; E. M. Williams, Walterboro; C. E. Owens, Columbia; M. H. Wyman, Aiken; S. B. Moore, Moore; J. A. Finger, Charleston; E. G. Peck, Mayo, Fla.; W. L. Heaner, Orangeburg; W. E. Whitlock, Scranton; L. C. Floyd, Lake City; R. R. Peckiss, Young's Island; T. M. DuBose, Jr., Columbia; F. M. Routh, Townville; S. R. Lucas, Florence; L. H. Thomas, Lake City; L. W. Moore, Lake City; L. S. Hay, Allendale; F. P. Standers, Hagood; W. A. Smith, Charleston; Marion Palmer, Charleston; S. M. McDaskill, Conder; Thomas L. Ayer, Nichols; James J. Glenn, Anderson; F. D. Rodgers, Lake City; O. B. Simpson, Prosperity; E. S. Thompson, Reevesville; C. E. Crosby, Leeds.

A New Journal.

The American Journal of Physiological Therapeutics has just appeared for the first time. It is a handsome bi-monthly of 60 pages, published in Chicago, and edited by Dr. Henry R. Harrower. It will deal with Hydrotherapy, Dietetics, Electrotheropy, Radiotherapy, Phototherapy, Vaccine and Serumtherapy, in short with every form of treatment except that by drugs. The editor has the aid of Pope, Abrams, Eberhart, Nieswanger and other good men and we wish for the Journal abundant success. $1.00 per year.

Congenital Recesses of the Lower Lip.—Dunn (Liverpool Med.-Chir. Jour.) records three cases of this interesting condition, of which only thirty-eight cases have been published. In nearly all it has been associated with hare-lip with or without cleft palate, and in many several members of the same family have been similarly affected. Case 1: In addition to double hare-lip and cleft palate the child had two small openings on the thickened and everted lower lip symmetrically placed and close to the middle line. From the openings sinuses ran downwards on the outer aspect of the lip. Case 2 was similar to the first, but at the orifices of the sinuses nipple-like processes were present which were capable of retraction and protrusion like feelers. Case 3 also had hare-lip and cleft palate, but instead of two symmetrical sinuses showed a single mesially placed cavity in the lower lip three-quarters of an inch long and a

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quarter of an inch deep. The left testis was undescended, and the right lay in front of the pubes and partly on the dorsum of the penis. Death took place at the age of two weeks. In the other cases the lining membrane of the sinuses was dissected out, and proved to be similar to that of the lip and to certain numerous mucous glands. In none of Dunn's cases was there a family history of congenital recesses of the lip or any other deformity. For the literature reference is made to Clogg's paper in the British Journal of Children's Diseases.

Meat Diet in the Tuberculous.—Vandeputte says that the tuberculous subject loses in weight because of increased waste and deficient nourishment. The increased waste from the fever, the profuse sweats, and the expectoration, as well as the inability of the digestive organs to assimilate foods. The results of meat diet are not brilliant; tolerance fails before a sufficient amount has taken to feed the body. Man is not a carnivorous animal in the normal state, and cannot become so in a pathological state. If too much protein be taken we get bad digestion, flatulence, and diarrhea due to intoxication from poisonous materials ingested. When the meat is replaced by vegetables we get absence of these symptoms. A mixed diet has these advantages: it keeps up a good appetite; continues the normal function of the digestive tract, and facilitates assimilation. This necessary for the cure of the individual. If the action of the liver be not good the whole organism suffers.—Le Nord Medical.

Scarlatina and Erysipelas.—Roger and Margarot (Bul. med.) say that erysipelas may be a slight attack, or a very severe affection, with high fever, and severe kidney symptoms. The renal symptoms begin with intense headache, and great diminution of urine, which contains much blood. The kidneys are already weakened by scarlatina, and the new infection is unusually severe. It generally occurs during the convalescence from scarlatina. It is a very grave general condition, which endangers the life of the patient, and necessitates the use of electrargol as a measure against infection. As to the pathogenic causes of the two diseases, it is positively established that the cause of erysipelas is the streptococcus; it is also established that in scarlatina the streptococcus is the causative agent of the complications. Most of the latest bacteriological studies of scarlatina favor the idea that the streptococcus is not the specific cause of scarlatina. The specificity of streptococcus is rendered less probable since it has been demonstrated as the cause of erysipelas, septicemia, vegetating endocarditis, etc. The streptococcus of scarlatina is agglutinated as well by the serum of scarlatina as by that of erysipelas or other septicemias, notably puerperal fever, and phlegmon. The agent of secondary complications of scarlatina does not differ from that of the other streptococcus infections. To sum up, erysipelas may complicate scarlatina; these diseases, entirely distinct and due to different germs, are connected in some way by the role which the streptoeoccus plays as casual agent of erysipelas, and agent of secondary infections very frequent in scarlatina.

Relations of Acute Polioencephalitis with Infantile Paralysis.

Delearde and Paquet consider that infantile paralysis and acute polioencephalitis are identical diseases with different localizations. The etiology of these diseases is not established as yet, but they give every reason to believe that they are similar to the other infectious diseases. Both begin with a febrile stage; a stage of paralysis follows in which the paralysis develops quickly; then comes the stage of regression of paralysis and permanent deformity. In polioencephalitis there is an inflammatory process affecting the bulbar motor nuclei, while in infantile paralysis the motor nuclei for the muscles of the limbs are affected. Both involve motor nuclei. In polioencephalitis we may have the eye nuclei involved, with fixity of the globe, ptosis, strabismus, and inequality of the pupils. When the hypoglossus is affected we get troubles of deglutition. When the recurrent laryngeal nerve is involved there is failure of the voice; if the pneumogastric is affected we have failure of respiration and rapid pulse with sudden death. The paralysis is flaccid with atrophy of muscle, and failure of osse-

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ous development. The faradic contractility is lost in permanently paralyzed muscles, and galvanic reaction of degeneration is present. Postmortem there is found inflammation of the bulbar nuclei. All these symptoms are common to both the diseases under consideration.—L'Echo Medical du Nord.

Cystotomy in the Female.—Grandjean (Gaz. de Gyn.) states that cystotomy in woman should be made use of only in cases of chronic cystitis that have resisted all other forms of treatment; in such cases it may bring about relief of the painful symptoms, and finally a cure of the difficulty. It is useful in four forms of cystitis: nervous cystitis allied to hysteria; tuberculosis of the bladder; chronic infections of the upper urinary passages; chronic cystitis without infection of the upper urinary tract. In the first form it is only necessary to convince the patient that she need not urinate continually. In tuberculous cystitis, if early in the disease, there is hope of an ultimate cure, and it allows of proper application to the bladder. In incurable cases the relief that it brings is of value. In simple chronic cystitis without infection of the upper urinary tract cure is rapid. In infected cases with hypertrophy of the bladder walls it is of great value. The fistula may be closed easily when it is no longer useful.

The Adiposo-Genital Hypophyseal Syndrome.—Launois and Cleret (Gazette des hop.) state that in the adiposo-genital syndrome which accompanies lesions of the hypophysis there are three general elements; the first is generalized adiposity, superficial as well as deep. The fat accumulates on the surface, the thorax and abdomen are pendulous, the thighs are immense, the breasts great pendulous masses sulci pubis is immensely enlarged, and there are deep purplish sulci through the fatty masses. The youth is pot-bellied like the child; internally the omentum and mesenteries are filled with fatty masses. Genital dystrophy is the next symptom; in boys there is testicular atrophy, and the small genitals are lost in the masses of fat; the breasts are large in size. In young girls menstruation is established late and remains irregular. In the adult woman the menses are irregular and end early in life. Frigidity is present in both male and female. The third factor is the tumor of the hypophysis; symptoms which render it probable are those of a cerebral tumor, including pressure symptoms; headache, vertigo, cerebral vomiting, los of memory, torpor of intellect, contractures, trismus, and optic neuritis. Psychoses, polyuria, or glycosuria may be present. An X-Ray examination showing the presence of the tumor verifies the diagnosis.

Metastatic Oophoro-salpingitis.—Okinczyc (Ann. de gyn. et d'Obst.) states that there are several ways in which infection may reach the ovary and tube; by ascending the canal, in primary metritis; by contiguity from the peritoneum, intestine or appendix; by the lymphatics, and by descending infection from the blood. Bacteriological examination of the diseased ovary is of little value. Long after the disease sterility acquired from infection may show itself as a result of secondary infection from the uterus or intestine, communicated by adhesions. We must generally accept as the origin of the condition an isolated, primary oophoritis, unilateral, and either parenchymatous or follicular, the mucosa remaining normal. The rupture of follicle, causing small hemorrhages gives a soil that is favorable for the growth of germs communicated from a general septicemia. Such a septicemia has been known to cause oophoritis in many of the infectious diseases. Those mentioned in this role are scarlatina, measles, small-pox, mumps, tonsillitis, typhoid fever, pneumonia, influenza, rheumatism, and other infections. Of chronic infections causing it, tuberculosis and syphilis are the chief. During the course of one of these diseases an attack of severe pain occurs in the ovarian region, and a more or less severe localized peritonitis follows. In the cases of pure salpingitis the infection comes by ascent from the uterus or by the lymphatics in the course of acute diseases.

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Rheumatism of the Heart.

The main factor in the production of mitral incompetence early in rheumatism, is a loss of tone in the mitral sphincter. The pathologic reason for such loss of tone is the development, especially near the mitral ring and near the root of the aorta, of inflammatory nodules. In such nodules toxins would be elaborated (whether formic acid or others) and the lymph of the part would contain these toxins. Hence, the muscle fibers of the mitral sphincter would be bathed in toxins, the special action of which is to diminish tonicity, while the rest of the cardiac muscle would be much less severely poisoned since the toxins must be absorbed into the general circulation in order to reach any fibers that are not in close proximity to the nodules. Thus, in any rheumatic myocarditis, an early loss of tone in the sphincter of the mitral valve would be expected with the development of a regurgitant murmur. Nodules tend also to form near the root of the aorta; but the aorta has no sphincter and so no change is produced during an attack of rheumatic fever. There is also heard at the apex a murmur diastolic in time, soft and blowing in character, only temporary, which seems to have nothing to do with the development of a genuine stenosis of the valve. Death in a first attack of rheumatism is very uncommon, apart from hyperpyrexia, but a fresh attack may fatally affect the heart that is already damaged by valvular disease or pericardial adhesions, or the muscle of which has previously been injured by poisoning or inflammation. The lesions of rheumatic myocarditis are in themselves insufficient to lead to a fatal issue, and the main factor in the production of a fatal cardiac failure seems to be the action of the toxin on the muscle cells.

Affections of the myocardium in rheumatism may be divided into the inflammatory and the toxic. Inflammatory lesions cause a loss of tone in the muscle which surrounds the mitral valve, allowing of mitral regurgitation. Thus an apical systolic murmur is the sign of rheumatic myocarditis, and is, indeed, the only sign of inflammation of the heart, apart from pericarditis. In the majority of cases the presence of such a systolic bruit is diagnostic of myocarditis, but in a small minority a regurgitant murmur may result from general dilatation without any inflammation. Poisoning of the heart muscle in rheumatism causes a general dilatation of the heart, and sometimes a mitral diastolic murmur. Dilatation may or may not be associated with inflammation of the myocardium, but the diastolic murmur may be taken to imply an absence of myocarditis at the time it is heard. So far as the immediate welfare of the patient is concerned, the toxic action of rheumatism is more important than the inflammatory, since it is to the consequent failure of tonicity and contractility that death during an attack is due. Myocarditis is probably always associated with endocarditis, so that there is danger of permanent damage to a valve, and the inflammation in the muscle itself may lead to such local damage that tone is never regained, leaving a permanent widening of the orifice. It is probable that the muscle may sometimes completely recover both from the poisoning and the inflammation, but in other cases the muscles never again become healthy.—Gossage, in The London Lancet.

Adrenalin in Tabetic Crises.

Roehmer has employed adrenalin with good results in five cases of tabetic crises. In three of these the crises were of gastric nature, in one case a rectal crisis, and in the fifth case a laryngeal crisis with a gastric complication. The dose in the gastric crises consisted of from four to six drops of a one per cent. adrenalin solution in 20 cubic centimeters of water, which was administered per os. In the rectal crisis, after a previous irrigation of the rectum, from three to five drops in 20 to 40 cubic centimeters of water was administered per rectum. These doses were given three times a day. Under the influence of this medication Roehmer observed the disappearance of pain, nausea, and vomiting in four of his five cases. This action set in after fifteen to thirty minutes and continued for several hours. After the administration of adrenalin three times a day, the attack ceased entirely. In the fifth case there was also a mitigation of all the symptoms, but the person under treatment became impatient and demanded an injection of morphine, with the action of which he was familiar.—Semaine Medicale.

Treatment of Arthritis.

Schawlow speaks highly of the beneficial effects of sulphur waters, in combination with massage, gymnastics, stasis and electricity, in the treatment of the chronic forms. Acute articular rheumatism is usually cured by thirty baths, though the same number of baths and more, taken at home may have no effect. In arthritis deformans and chronic articular rheumatism, the treatment is naturally extended over a longer period, though the good effects do not admit of dispute.

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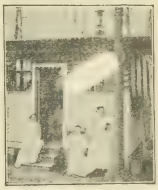

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cylates and which progressively affects all the joints and is often fatal. In certain respects it resembles the gonorrhœic form, but no specific germs have yet been discovered. The gouty joint affections are included by the author in a fourth group.

Fibrolysin injections, especially in the more chronic, progressive type, have been found a most valuable adjuvant in the treatment, and have brought about remarkable results when all the other measures failed. As a rule, 30 injections of 2.3 cubic centimeters each were given, one daily, into the gluteal muscles. Improvement was generally noticed only after the twentieth injection. No after-effects were observed, except in a few cases a slight diarrhœa. Even patients with valvular disease and lung trouble stood the injections remarkably well. The swelling of the joints disappears, the active and passive mobility returns, and a most marked change in the general condition can be noticed. Fibrolysin acts as a lymphagogue, increases the hyperæmia and stimulates chemotaxis. As a consequence the firm connective tissue will be softened. —Deutsch. med. Woch.

Double Pneumonia.

Mrs. E. D., aged 74 years, of New Durham, N. J., was taken ill in February, 1905. A local physician diagnosed the case as one of acute lobar pneumonia (both lungs) with grave complications. The third day found the patient much worse, and her attending physician and a consultant said there was no possible chance for recovery. At this critical moment, I was called in after the other medical men were out of the case.

I found the patient unconscious with marked consolidation of both lungs, stertorous breathing, temperature 105–3-5°, pulse 142—feeble and irregular, respiration 35, and every indication of complete prostration. The previous treatment had consisted of an ordinary fever and cough mixture, French brandy at frequent intervals, and the local application of flaxseed to the chest. Little or no nourishment had been taken.

I suggested the immediate discontinuance of the flaxseed, which apparently had no effect, but was merely sapping the little vitality which remained.

My treatment was as follows:

The immediate substitution of Antiphlogistine in place of flaxseed to the thorax, front, back and sides at intervals of eight to ten hours, and hypodermics of digitaline and whiskey at proper intervals.

The following morning found the patient slightly improved, fever 104°, respiration 28, pulse 132, and still unconscious. I was delighted, however, to find that ten hours afterward she had regained consciousness and that the general symptoms were still further improved.

I then ordered nourishment in the form of milk, broths, etc., and the addition of aconite to the treatment. From that time on the patient continued to improve daily with no further aggravation of the symptoms, and at the expiration of two weeks she had quite recovered.

While I am willing to give the digitaline, whiskey, aconite and nourishment proper credit for their part of the work, I am thoroughly convinced, and do not believe I could be persuaded to the contrary, that the persistent and proper use of Antiphlogistine was responsible for the woman's recovery. —H. S. Emerson, M.D., Paterson, N. J.

General Anaesthesia.

"Ethyl Chloride (Kelene) has now been in constantly increasing use in general hospitals for nearly four years, in *general anaesthesia*, largely as adjuvant to ether and chloroform, the method of administration being by inhalation, the drug being *sprayed* on a mask covered by a number of layers of gauze, until the patient loses consciousness.

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G. Zamboni says that the x-rays do not benefit the condition of young infants affected with myelogenous leukemia, the only modification that is produced being reduction of the white corpuscles and the myelogenous cells. In lymphatic leukemia the results are always unfavorable. In myelogenous leukemia of later childhood the results have been better, although an entire cure has not been obtained. The diminution of the white blood cells and of the abnormal cells is due to the leucolytic effect of the rays. The diminution of red blood cells and hemoglobin is due to the direct hemolysis caused by the rays. The reduction of the size of the spleen is caused by a double action of the x-rays, by the neutralization of the pathogenic agent, and by causing necrobiosis of the new-formed elements that have emigrated. It is best to use applications of the rays that do not penetrate deeply, and to limit them to the splenic region, with short sittings and long intervals. In cases of long standing with cachexia the rays should not be used, since they make the condition of the patient worse. The rays do not act as a radical cure of this condition, but only as a palliative measure, which will relieve certain symptoms.—Rivista Internazionale di Terapia Fisica.

Sixty Cases of Antituberculous Vaccination.

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Bacteriological Examination of the Normal Lochia.

Ercole Cova has made a bacteriological examination of the lochia in twenty cases of normal puerperal women, all cases that had any rise of temperature being excluded. He found that the cavity of the uterus is absolutely sterile, while the germs are habitually found in the vagina. For the first twenty-four hours the lochia are perfectly sterile. After that time germs may appear in it, probably coming from some that were concealed in the crypts and sulci of the mucous membrane. There are more germs found in the vulva than in the vagina, some of them coming from within, some from without. The vaginal flora consist of various forms of cocci, especially diplococci, and are simply saprophytic and not virulent. The colon bacillus is easily demonstrated, and may enter the vagina.—Folia Gynæcologica.

Longitudinal Hypertrophy of the Cervix Uteri as a Complication of Pregnancy and Labor.

Andrea Boni gives the histories of three cases of longitudinal hypertrophy of the cervix complicating pregnancy and labor, which have been observed by him, and a short resume of forty-one cases described in medical literature. The seriousness of this complication depends on the amount of hypertrophy that occurs. In slight cases the hypertrophy does not prevent the normal delivery of the child. In some cases it is so extreme that the cervix forms a tumor which protrudes from the vulva and becomes ulcerated or even necrotic. In these cases delivery is only possible by means of operation. The subjective symptoms are disturbances of urination, weight in the pelvis, leucorrhea, and ulceration. The etiology includes previous hypertrophy of the cervix. Other cases originate in the pregnancy itself. Still others result from prolapsus of the uterus and involve chiefly the cervix. The microscopic changes in the organ are these: the muscular and con-

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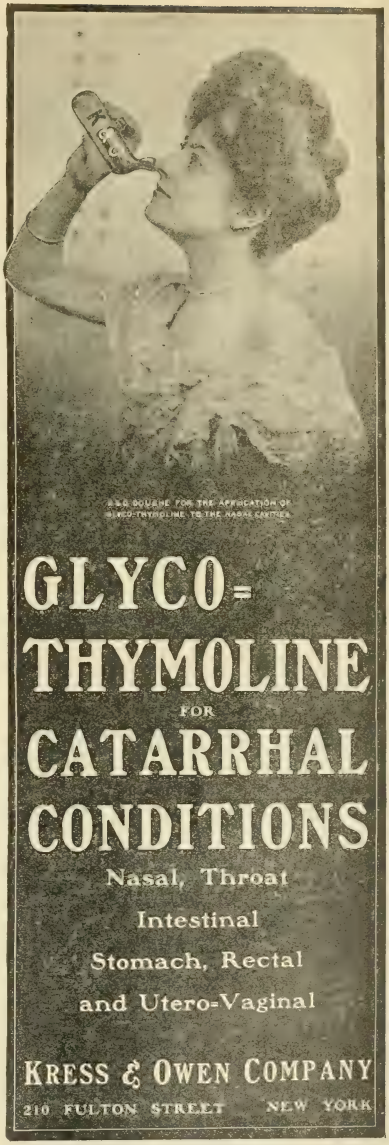
Gear changing does not bother me since I can go slowly on high on the level, and take stiff hills on high. I am also convinced that the car is easy on tires.

So you see I don't think of the car. I can attend to my practice and think of that.

I feel that in your Middleby roadster you have given doctors, at least, a most satisfactory car.

Very respectfully,

Alex. Herron Davisson, M. D.



FORMULA:

Benzo-Salicyl. Sod. 33-33; Eucalyptol .33; Thymol .17: Salicylate Methyl. from Betula Lenta .16; Menthol .08; Pini Pumilionis- 16: Glycerine and solvents q s. 480

nective tissues are increased in amount proportionally to the amount of hypertrophy; in the fourth month the elastic tissue is much hypertrophied, but at the end of pregnancy it is in relatively normal amount; the glandular tissue has undergone cystic degeneration; the vascular tissue is that which is most affected by hyperplasia, and hypertrophy. This increase in vascular tissue is an exaggeration of a process normal to pregnancy. Normally there is a great amount of hyperemia, and irritation results in greater congestion and new formation of blood-vessels. If the organ projects from the vulva there is still greater irritation. In cases of marked hypertrophy the best treatment is amputation of the cervix. In lesser degrees it is in order to wait and see if simple dilatation of the cervix will not enable the delivery of the child. If the fetus is dead embryotomy is in order. —Gazzetta Internazionale di Medicina.

Technique of the Conservative Cesarean Section.

J. A. Doleris advocates absolute asepsis in all obstetric operations, just as we use it in gynecology. The genitalia as far up as can be reached into the cervix should be made antiseptic by the use of pure tincture of iodine. This is especially important in carrying out the conservative Cesarean section. The time for the operation should be selected beforehand, at about the expected end of pregnancy, and the details of the operation carried out at leisure. The author uses surgical disinfection of the genitals and the operative zone, a short incision without exteriorization of the uterus, manual compression of the pedicles, ergot hypodermic injections for hemorrhage, suture with choromatized gut, vaginouteral drainage with gauze, and abdominoperitoneal drainage. His statistics of eleven Cesarean sections done during the past year show eleven living infants, and only one death among the mothers. This death was in a case which had been in labor for 55 hours, with dilated cervix and amniotic fluid draining away. She died of sepsis and adynamia.—La Gynecologie.

Constantly Favorable Results.

Dr. John Arthur Diggle, Med. Ref. Globe Accident Assur. Soc. of London, Eng., in writing of antikamnia tablets, says: I may state at the outset that they satisfied me well and the constantly recurring favorable reports prove that most who have given them a fair and thorough trial are quite satisfied with the results which have followed. They seem to be absolutely safe in exhibition and to have no effect whatever on the healthy human organism. Such a safe analgesic and antipyretic is a perfect God-send in these days of "nerves" and all the resultant neuralgias developed under our civilization. In the cases in which I have used antikamnia tablets I have never noticed any ill effects. As an analgesic, in my experience, the sooner the remedy is administered after the onset of pain, the quicker the relief, and the smaller the amount of the drug required; this would follow almost of course, but I think the oftener the dose is repeated in judiciously small doses, the better the result, as compared with larger doses less frequently given. Given in such doses, and at such intervals, I have found antikamnia tablets most useful in neuralgic cases and acute rheumatic attacks, and in sudden nervous attacks with severe pain. In case of paraplegia, in which the suffering from pain in the paralyzed limbs was agonizing, and had only yielded before to gradually increasing doses of morphine hypodermically, their effect was, and continued to be, good. In a case of typhlitis both the analgesic and antipyretic properties were signally shown. In some cases of dysmenorrhœa one or two tablets relieved the pain, and the after use of caulocorea for a while, prevented its return, The rapidity with which they acted in some cases of migraine, seemed simply marvelous.

Therapeutic Sermonette.

At the onset of acute tonsilitis the bowels should be cleansed by calomel, podophyllin and bilein followed by saline laxative. Defervescent compound (No. 1 or 2 according to age), every half hour until the temperature reaches 100° F. or less. If much hoarseness and soreness of throat, potassium bichromate gr. 1-67 in a teaspoonful of water should be given every two hours. As the acute symptoms subside these remedies should be replaced by calx iodata (Calcidin) gr. 1-3 given in a teaspoonful of hot water every hour or two as indicated. The throat should be sprayed three or four times a day with an antiseptic solution (Menthol Compound, Abbott, 1 tablet, glycerin 1-2 ounce, water 12 ounces). The urine should be frequently examined, and if there is evidence of acidemia sodoxylin and salithia should be given in plenty of water until the condition is overcome. A light diet should be given and the child kept in a room moistened with steam or the air medicated with a vapor of cresoline or with antiseptic oils. By all means keep up free elimination through bowels, skin and kidneys.—Dr. Geo. F. Butler, in Therapeutic Medicine.

Cleanse the Blood and Keep it Circulating

Therein lies the essence of the successful treatment of pneumonia.

The phagocytes are the scavengers of the blood, but unless the affected part receives the amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carrying the phagocytes into the lungs.

Heat is the best dilator of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

Antiphlogistine

(***Inflammation's Antidote.***)

offers an ideal method for the application of moist heat. It will keep the blood circulating because of its action upon the sympathetic nervous system which controls the circulation.

Schaffer, of Stuttgart, in his last treatise on the "Influence of Hot Air upon Inflammation," says: "Dry or wet hot compresses are more effective than hot air, as in Bier's method. Local warmth proved an excellent means of securing arterial dilation and accelerated circulation."

Free Circulation -|- Perfect Elimination =Restoration to Normal

In Pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiphlogistine. It must always be applied at least ⅛ inch thick, and as hot as can be borne comfortably.

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Anesthaine a Success.

I am using Anesthaine (Abbott) with excellent results. My first experience was in the opening of a small, indurated abscess of the face. Five or six drops injected completely anesthetized the part in less than five minutes so that my little operation with scalpel, etc., did not cause the patient to complain in the least.

My second operation was the removal of a needle deeply embedded in the hand of an old lady where a few drops produced the same result.

These were good tests. I therefore look upon Anesthaine as a success and am glad to have it brought to my attention. To know that it will keep, to know that it may be boiled for sterilization without detriment and to be able to use it without the dread that always accompanies the use of cocaine solution is to me a great comfort. Congratulations on your good work for the doctor.—S. J. McNeill, M. D., Chicago, Illinois.

NOTE. A full sized 75 cent package of Anesthaine will be sent to any physician who has not used this preparation, on receipt of 25 cents. Address The Abbott Alkaloidal Co., Chicago, Ill.

Why He Uses The Alkaloids.

I use the alkaloids and I shall as long as I practice medicine. "There's a reason." They are reliable; they are sure; they are good; they are the best. Why, Dr. Abbott, don't you know that spasmodic croup, for instance, has lost all its terrors for me since you introduced Calcidin? Then by using alkaloids we can abort pneumonia.

I recently had a fine case of smallpox, and I gave the patient your ½ grain pills of calcium sulphide to saturation and he made a fine recovery in a very few days.—S. W. Hopkins, M. D., Lodi, Calif.

A Gallstone Operation with H-M-C.

I have recently used H-M-C tablets (Abbott) for gallstone on a patient of 67 years, whose condition did not warrant a general anesthetic. The use of H-M-C tablets was supported by the local use of Schleich's mixture, and the operation was completed, including the removal of over 700 gallstones, without any pain to the patient and no subsequent nausea. In fact several hours after the operation was performed the patient asked if we were not almost ready to take her up to the operating room. (I also find this preparation the best pain-reliever I have ever used. Its effects are excellent and usual unpleasant sequels from the use of morphine are notably absent.—C. H. Bushnell, M. D., Chicago, Ill.

The Scientific Spirit.

The scientific spirit prevails in the manufacturing chemists' shops as never before. The Abbott Alkaloidal Company's physiologic and scientific laboratories are splendid examples. Quality is sought first, then quantity.—The Lancet-Clinic.

Dr. Lydston's Suggestions Concerning the A. M. A.

The following are some of the reforms suggested by Dr. G. Frank Lydston, of Chicago, for the American Medical Association:

1. The constitution and by-laws should be amended so that the reins of power will be taken from the hands of the Secretary.

2. The offices of Manager, Secretary and Editor should be separated.

3. These offices should be filled by men of clean professional records who are not creatures of the present machine.

4. The personnel of the Board of Trustees should be almost entirely changed. The present incumbents are nearly all merely wheels and cogs in the machine.

5. The number of Trustees should be increased. The A. M. A. has outgrown the present board.

6. There should be at least three local Trustees. At present there is but one, whose chief function is to endorse the plans and actions of the Secretary General-Editor-Manager.

7. The Trustees and other officers should be selected by ballot of the members in attendance. The nominations should be made on the first day and the voting done at the place of registration on the succeeding days.

8. Provision should be made for a limited number of nominations for each office by petition.

11. A membership committee should be appointed, to hold office only one year. At present the Secretary-General is here absolute dictator.

12. A certain amount of space in the columns of the Journal should be set apart for free criticism, queries and comments by the rank and file. Criticism of the policies and methods of the Association should be especially invited.

14. The initiative and referendum should be adopted as a protection for the suffrages of the members at large.

15. Provision should be made for fairness in elections. They should be so arranged that no less than two candidates would be nominated for each office. This would in future prevent the choking off of nominations and the machine selection of officers.

16. No member should be expelled with-

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out a fair trial and a full hearing, the proceedings being published verbatim ad literatim in the columns of the Journal. This plan will obviate such damnable outrages as that perpetrated in 1904 and 1905 by the Secretary and his henchman upon Dr. Henry B. Young, of Burlington, Iowa. Any man who can in cold blood read the history of this case is unworthy of American citizenship.

17. The constitution should provide that no person holding an office of trust in the Association shall be eligible to serve as a member of the House of Delegates. If any one doubts the assertion that the A. M. A. is un-American in its present operations, let him note the porcine spectacle of the Treasurer and Trustees of the A. M. A.—men holding offices of financial trust and responsibility—serving as delegates to the body which elects them and voting for themselves. They also serve as electors in the State societies and vote for themselves for Delegates to the A. M. A. Great system, isn't it? Then let the skeptic refer to the Constitution of the United States, which prohibits any person holding an office of trust under the government from election to the office of Senator or Representative or serving as a member of the Electoral College. It also prohibits a Senator or Representative from serving as an Elector. In the A. M. A. a man may serve as Treasurer, Trustee, Delegate, and Elector.

No person holding an office of trust in the A. M. A. or State society should serve in the State House of Delegates.

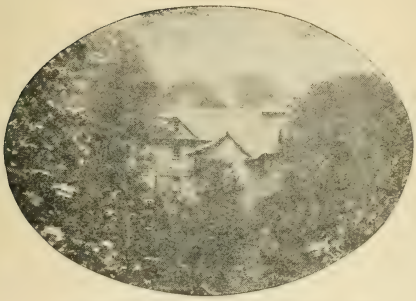
Report on Cancer Research.

Ross and Macalister detail the results of their investigations by in vitro methods. Over a year ago they discovered in the blood of cancer patients a substance which, like the artificial excitant of methyl blue and atropine, excites ameboid movements in leucocytes, and they described how lymphocytes in the presence of both these excitants extruded what at the time were believed to be flagella. These observations suggested the advisability of instituting a combined clinical and pathological research upon the lines referred to in the present paper, especially since the study of cancerous tissues in vitro had thrown some light on the behavior and possibly also on the character of the cancer cell itself. They summarize by saying that they have found a chemical substance which causes a remarkable train of events when it is absorbed by human lymphocytes in that it promotes first an excitation of ameboid movements, then reproduction, and finally death. When it is considered that this series of phenomena constitute two of the cardinal facts known about cancer, for the cause of cancer, whatever it may be, must be an excitant of cell reproduction which ultimately leads to the death of the individual, the inference may be drawn that this first event in cancer may be followed by the succeeding ones, reproduction and death, which are produced by this artificial substance under the microscope. In the body the rapidity of change is far less rapid and would probably be spread over several generations of cells. Methyl blue and atropine excite ameboid movements in leucocytes; so does the blood of a cancer patient. The same mixture will cause lymphocytes to extrude flagella with a particle of chromatin at their ends; so will the plasma of a cancer patient. The authors have shown that the extrusion of chromatin seems to be a phenomenon which appears in cancer cells and that cancer cells apparently produce something which aggravates the disease. This something may be chromatin. This substance may excite the three changes in the chain of events referred to. The promotor of the first of these or its excitant exists in the blood of cancer patients and to a greater extent in cancer juice. If chromatin or a derivative of it is the something which aggravates the disease, in order to produce a chain of events similar to that which has been observed in lymphocytes, it will have to aggravate the action of a substance resembling in effect that contained in the aniline dye which caused first reproduction and then death. It may also be noted that chromatin is a product of catabolism, which may predispose to the disease in persons over the age of forty years.—Berliner klinische Wochenschrift.

The Nutrition of Typhoid Fever Cases by Way of Stomach and Rectum.

G. Franchini and F. Scordo have made very careful estimations of the results of metabolism in two patients subject to typhoid. One of them was affected with obstinate vomiting and was nourished by rectum to keep her alive. The other was an ordinary case of typhoid fever, and was fed by mouth. In the case fed by rectum there was a marked diminution in excretion of all the elements introduced by rectum. At the same time the enemata were not given very high, and were not well retained. There was deficiency of nitrogen, of fat, and of phosphorus, substances which are not absorbed by the large intestine. The vomiting and meteorismus diminished as well as the abdominal pain, and the mind of the patient became clear. It is evident that absorption is less by way of the rectum than by stomach, and hence we should feed

DR. MORSE'S SANATORIUM



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our typhoid patients as far as possible by the stomach.—Rivista Critica di Clinica Medica.

Treatment of Diphtheria by Massive Injections of Antitoxin.

Delearde, Minet, and Brocourt advocate the use of much larger doses than are generally used of antitoxin, not only in severe cases of diphtheria, but in every case, no matter how mild. They believe that only thus shall we be able to forestall all the complications of the disease, heart failure and paralysis included. In every suspected case they would inject doses of 50 to 100 c.c. of the Roux serum. According to the condition of the patient as to temperature, albuminuria, circulatory or laryngeal complications is indicated the increase of the dose and its repetition. These doses are absolutely without danger to the patient, and cause no more erythema than the smaller doses usually given. Local treatment should be undertaken with a view to destroying the bacteria in the pharynx and keeping the upper respiratory passages antiseptic. The diet should be poor in chlorides, so as not to overburden the kidneys and to permit them to aid in removing the poisons. The most excellent results have been obtained by this method at the Hospital of Saint-Sauveur, at Lille. They seldom lose a case, and then only when brought under treatment after several days of sickness, and complications are unknown.—Revue Francaise de Medecine et de Chirurgie.

Treatment of Cholera.

The great value of a large injection of morphine, in cholera, immediately the disease is suspected, is emphasized by the writer. He reports a number of cases of bad collapses, in all of which from 2 to 10 pints of saline solution were infused intravenously. The pulse instead of being quite impalpable, became full, strong and quiet, being at its acme by the time 3 pints had been infused, whereas twenty minutes previously the heart was beating at a rate of from 140 to 170, as recognized by the stethoscope. The face became fuller, and the awful sunken look to a large extent disappeared. Restlessness became less, the intelligence became brighter, the skin became warm. The author suggests that the poison of cholera attacks principally, or perhaps only, the vasomotor system, that the heart is not at fault, that the abdominal veins are holding most of the blood in the body, and that the treatment in this condition should be that of shock. He further noticed in a number of cases that if persons sleep after an injection of 1-2 or 1-3 grain of morphine their chances of recovery are good; that morphine does not induce sleep in those patients who are badly collapsed, but only steps the diarrhœa and vomiting.—Burkitt, in The Journal of Tropical Medicine and Hygiene.

Calomel in Asthma.

Living in a small fishing town, where asthma is rather prevalent, Tivy writes that he has been much impressed by the beneficial effects of a dose of calomel as a curative for the attacks of this distressing malady. His patients have been mostly women, and of varying ages, and the attacks present the usual features in varying degrees of severity.

He prescribes a powder of calomel, ½ to 2 grn., according to the habit of the patient, accompanied, of course, by some of the usual antispasmodic remedies, and his experience is that relief is rapidly obtained, even before purgation takes place.

Other cathartic drugs do not seem to have the same effect or certainly not so rapidly, and the ease with which the powder or tablet is taken is an important factor.—British Med. Jour.

Nocturnal Emissions Treated with Styptol.

Koenig refers to the reports of the Congress of Internal Medicine in 1904, in which he published his results with hydrastis, which can control the pathological and excessive seminal discharge better than any other remedy commonly in use. Others have come to the same conclusions independently.

The discharges will diminish in frequency, no matter whether they occurred almost every night or even several times a night, to about once a week, if 40 to 60 drops of the extract are taken before retiring.

Within the last year the author has tried styptol, the phthalate of cotarnine, arguing that drugs which will contract the vessels of the uterus will show an analogous action upon the utriculus masculinus and the excretory ducts of the seminal vesicle.

He was not disappointed in his expectations. No matter how frequent the nightly losses were, the intervals could be lengthened to from one to three weeks. At the same time there was a distinct lowering of the sexual hyperexcitability, where present.

He administers first two, later three, styptol tablets, ¾ grn. each, shortly before retiring, for a month, to be repeated at longer intervals if necessary.—Wiener klin. Woch.

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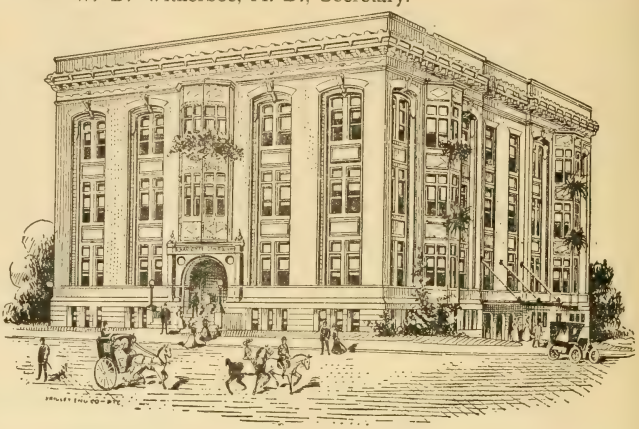

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The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated and finally the medical reports commending on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature show that every physician should see that his patent gets exactly what he prescribed. No "just as good" allowed.

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For many years the blood of young beeves has been administered to anæmic patients, frequently with excellent results. More often, however, the therapeutic value has been more than counterbalanced by the patient's aversion to the drinking of blood in its native state. Many preparations containing hemoglobin have been offered to the profession, some of value, but by far the greater number are inactive, owing to the defective methods used in extracting and preparing the blood elements.

In the process used by the manufacturers of Hemo-Coco, they are able to extract from the blood of selected young beeves, rich in iron, the chemically pure and native hemoglobin—which, combined as it is in Hemo-Coco, makes a palatable, blood-building, strengthening and refreshing beverage adapted to the most delicate of stomachs. Hemo-Coco is an ideal reconstructive tonic and hematinic, and can be prescribed wherever treatment of this character is indicated.

Samples and descriptive literature will be supplied by the Cystogen Chemical Co., 515 Olive St., St. Louis, or H. Kaufholz, Kassel, Germany.

The Therapeutic Value of Iodine and Lime.

The value of iodine as a remedy for many diseases of the respiratory organs has long been recognized, but unfortunately this drug when given for any length of time or in effective doses is apt to cause marked systemic disturbances. The individual suffering from phthisis, chronic or other diseases of the respiratory organs affecting unfavorably oxygenation, particularly of the blood, requires iodine, it is true, but he also needs to be well nourished, and heretofore the anorexia, sub-acute gastritis and other disturbances following its exhibition more than counter-balanced the beneficial results obtained.

In many individuals intolerance of the drug is extreme, "iodism" making its appearance after a few doses. For these and other well-recognized reasons iodine had, to a great extent, been dropped from the materia medica of a large number of physicians, until the introduction of Calx Iodata (Calcidin, Abbott) some few years ago enabled them to secure all its desirable effects without producing at the same time undesirable symptoms. Calx Iodata, as the name indicates, is a definite substance containing 15 per cent. of available iodine with 85 per cent. of calcium compounds (hydrate and carbonate). In the system the lime and iodine, modified, are acted upon conjointly and produce therapeutic results entirely different from those obtained from iodine alone in any known form. As our knowledge of the body chemistry increases we are able to understand why certain drugs produce definite results when given under similar conditions.

We know now that iodine has proven beneficial in phthisis, not only because it exerts an inhibitive action upon the growth of bacteria themselves but because its products combine with oxygen and cause increased activity of the cells. Destruction of low-grade tissue goes on more rapidly and—provided elimination is maintained meanwhile—the system rids itself of an immense amount of effete (toxic) matter. While iodine hastens and increases the destructive processes it does not supply the material necessary for cell repair and its unfortunate action upon the gastric mucosa lessens the supply ordinarily received in the natural manner—from the food. Calcium affords just the material necessary for the reproduction of the normal cell. Moreover, when combined intimately with iodine (as in Calx Iodata) it causes the latter to enter the system in an acceptable form and large doses may be given for a considerable time without in any way deranging the digestion or causing the slightest sign of "iodine sufficiency."

Theoretically, Calx Iodata should be one of the most positively useful remedial agents in the phthisis pulmonalis and the hundreds of clinical reports received during the past two years convert theory into fact. Calcidin, guaiacol and nuclein may perhaps be regarded as the three remedies capable of controlling the pathological conditions existant in pulmonary tuberculosis, and their combination, in nuguaiacol (Abbott) is producing excellent results.

The value of Calx Iodata in the treatment of croup (non-membranous) is too well known to need mention, but sometimes the physician who relies upon Calcidin in such cases fails to realize its efficacy in acute coryza, bronchitis and other catarrhal conditions of the upper respiratory tract. As a matter of fact, a trial will prove it the most effective of all the remedies lauded for these and allied disorders.

Some particularly interesting and timely literature on Calx Iodata, also on Nuguaiacol, can be obtained from the Abbott Alkaloidal Co., Ravenswood Station, Chicago. Samples await your request.

To The Alexander Co.,
New York, N. Y.
Dear Sir:—

I herewith submit to you a brief report of my experience with Oleum Creosyn Comp. (Alexander) in malignant growths, also in glandular enlargements not known to be malignant. Of the latter, only two in number, the submaxillary glands were the parts involved, appearing as unsightly tumors, dependent from beneath the inner side of the maxilla. In one case the tumor diminished in six months from the size of a hen's egg to that of a filbert. It could no longer be seen, but could be readily felt. Patient still under treatment once a week.

The second case was three times the size of the first, and like it, steadily increasing. After four months' treatment, the size of the tumor is decreased one half. Treatment still continues daily.

In both cases the size of the tumors began to diminish perceptibly in two weeks from the commencement of the injections. No "suggestion" of any kind was employed. The prompt and continuous retrogression of the growths could only be explained as due to the action of the remedy employed.

I mention these cases to show that the remedy may be of great use in cases of non-malignant, as well as in those of a malignant character.

My other cases, twenty in number, were all of the malignant type, most of them having been pronounced such by competent physicians and surgeons; in fact had been recommended for immediate operation. Three of them had already undergone one operation, one of them two.

The results of my seven year's experience may be briefly tabulated as follows, the cases being arranged in the order in which they came under my care:

Case 1.—Lady, aged 65, wasted and feeble. Rectal carcinoma. Three dense cartilaginous rings encircled the colon, the first ring one inch within the sphincter; the second an inch higher up, the third one inch above the second. A number seven bougee was the largest instrument that could be passed. In four months there was no perceptible stenosis of the colon, no difficulty in passing full-sized stools (whereas only liquid stools had been possible before beginning treatment) and no pain. Six months later the patient died of "rapid phthisis." Not a good result certainly; but the Oleum Creosyn Comp. accomplished its work on the carcinoma, and relieved the patient of much suffering.

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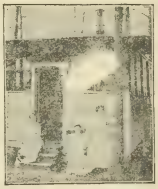

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CASE 2.—Deep cancerous excavation seated over centre of left shoulder blade, cup-shaped, two inches in diameter, one inch deep, discharging constantly as much as four ounces daily of horribly offensive pus. Much pain, swelling and inflammation of the surrounding structures. Had been operated upon twice, once ten years before she consulted me, and again six months before. At first operation growth was wart-like, and not larger than a pea. At second operation had increased to size of a walnut. Had grown constantly worse.

It seems incredible, but after one week of daily treatment with Oleum Creosyn Comp. the discharge of pus was reduced to less than a drachm daily, offensive odor was no longer perceptible, surrounding inflammation was quite insignificant, and there was but little pain.

After three months of treatment the patient, a lady of seventy, of a very erratic disposition, suddenly grew discouraged on account of the slow rate of progress. She abandoned all treatment for a month, by which time she was worse in every respect than at the beginning of our service.

She then tried the X-Ray for one month, and this seemed only to aggravate every feature of the case so much that she resumed the Alexander therapy. But this no longer sufficed to retard the progressive invasion and destruction of tissue. The pain was abated, the discharge of pus diminished for a time, but a general and virulent sepsis set in, to which the patient succumbed. In this case also the favorable effect of the Creosyn Compound was clearly demonstrated.

Cases 4, 5, 6, 7 and 8 were in their general features so like this that no further reference to them is necessary. They are all alike in this respect, that the disease had already advanced to the point of destruction of tissue. Four of the cases had been operated on.

Cases from 8 to 18, inclusive, all present a uniform favorable history, so that a brief account of the following case is essentially that of all:

Miss Blank, aged 45, for about a year had noticed sharp pains in the breast, which became so troublesome as to lead her to consult a physician. He pronounced the case to be one of incipient cancer, and urged immediate removal.

Dreading a surgical operation, she consults me. I find a hard glandular tumor in the breast, the surface skin inflamed, tender and adherent to subjacent structures.

She undertakes the Alexander treatment, after the method advised by Dr. Alexander himself. In six months the superficial inflammation, the pains and the tumor had all disappeared. Six years have now elapsed and there is no signs of recurrence.

Case 19 was that of an old gentleman whose right lower extremity had undergone three successive amputations, the disease promptly recurring higher up after each operation. The Creosyn treatment checked, relieved, and postponed mischief for six weeks, and then the usual result followed rapidly. The case was one of multiple sarcoma.

Case 20 ought to have been added to the successful ones, but the family took other advice, submitted the breast to surgical treatment, and in four months her death certificate was recorded, giving as the cause of death "Metastatic Cancer of the Spine."

Cases 21 and 22 are still under treatment, one progressing most favorably, and the other successfully resisting the progress of the disease, but no more.

Of several other cases I have not the details, because they were sent to distant homes, and the treatment was directed by other physicians.

I am no cancer specialist, nor do I wish to be so regarded. I have been in general practice for more than forty years, and in the course of that practice cases of malignant disease were frequently presented to me for an opinion. For thirty years I recommended all of them to take surgical advice. The results, in obviously malignant cases, were so unexceptionally fatal that I at last determined to try the Alexander treatment, and as a result the foregoing report is presented.

I have not a fraction of interest in The Alexander Company, nor can I, at my time of life, hope to profit by this report, except in one way. It is true, it may help other physicians and their patients as it has helped me and mine beyond all expression. Until the noble army of research and discovery have found the cure for all, this remedy may save one half from suffering and death.

Respectfully submitted,
R. N. FOSTER, M. D.,
Chicago, Ill.

Valuable Conclusions.

The case of G. H. is reported by J. S. Norwell M.B., C.M., B.Sc., of Edinburgh, Scotland, as follows: "Suffered from headaches which proceeded from errors in diet. I arranged a table of diet for him which proved beneficial. I prescribed antikamnia tablets and with the very best results. His headaches were kept under until his changed dietary had time to effect more permanent relief. This year he went to Bisley. In case he should be troubled there with his bete noir, I gave him some antikamnia tablets as a stand-by. On his return he told me he had no headache, but that he had used all the tablets. Headaches, it seems, are no uncommon accompaniments of camp life. He has dispensed the antikamnia tablets to some of his suffering companions, and they (the tablets) "hit the bull's eye every time." Who knows but that they had something to do with the phenomenal scoring at the last meeting!

One could multiply similar cases, but this may suffice to illustrate the effects of antikamnia tablets in the treatment of headaches, and to warrant the following conclusions I have come to with regard to their use:

(a) They are a specific for almost any kind of headache.

(b) They act with startling rapidity.

(c) The dosage is small.

(d) The unpleasant after-effects so commonly attendant on the use of many of the other analgesics are entirely absent.

(e) They can therefore be safely put into the hands of patients for use without personal supervision.

Another point worth noting is that they can be very easily taken, being practically tasteless.

After Operations.

After even simple surgical operations patients are almost always menaced by the manifold complications that are superinduced by the nervous or more or less debilitated state that is inevitable. Tonic treatment is always indicated, and nothing at a surgeon's command will give more substantial satisfaction to all concerned than Gray's Glycerine Tonic Comp. Under its tonic and reconstructive influence the vital functions are restored to normal activity and the nerve balance coincidentally re-established. Thus does a patient receive the fullest benefits from surgical treatment and without the delay that so often is the despair of surgeon as well as pattent. The lesso to every medical man doing surgical work is obvious, and the aid he can always secure from Gray's Glycerine Tonic Comp. after operations imposes an obligation not to be ignored.

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Unguentum Resinol is a skillfully made and chemically pure Ointment! Its therapeutic properties are decidedly healing, nutrient and antiseptic! The consistence and pliability of this ointment commend it especially as an application of exceptional merit in all eruptions and irritations of the skin! It is prescribed daily by leading physicians throughout the world for

ECZEMA, HERPES, SEBORRHOEA, ERYTHEMA, IMPETIGO, TINEA, ERUPTION OF POISON IVY, PILES, BURNS, SORES, AND MINOR WOUNDS, AND ABRASIONS, OF THE SKIN.

It allays the itching of PRURITUS ANI instantaneously.

Its utility as a specific for this trouble is recognized by practitioners of every school and every nationality

Rs inol Soap, containing in a modified way the same medicine, is most **delightful for the toilet and bath**, and is the only soap that should be used for bathing persons subject to, or affected by skin troubles.

Resinol (medicated) Shaving Stick also contains the healing and antiseptic virtues that have made Resinol Ointment so famous. Its free, creamy lather soothes and prevents the irritation incident to shaving.

These preparations are for sale in all leading drug stores in every country of the world

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A fire caught in the well known house of L. S. Matthews & Co., recently, spread rapidly and soon showed itself to be quite a blaze, The office force having scarcely ten minutes in which to collect their records and escape. After the excitement was over, however, there proved to be fine works intact, some even in the original wrappers and their salvage sale, conducted from the new and much improved location No. 3333 Olive Street, St. Louis, offers exceptional book bargains, and an unusual opportunity to replenish your library at nominal prices.

Reading Notice No. 2.

The modern tendency is take nothing for granted; and in the material things of commercialism it is a good, strong, healthful tendency. A few weeks ago I addressed the medical profession upon the subject of principle and originality, directing their attention to the imitating and substituting of Tyree's Antiseptic Powder.

The subject is, we believe, an eminently important one to them, since it has a material bearing upon the precautionary methods now imposed upon every practitioner.

In view of these facts it seems fair to assert that advice should always be Tyree's, but executed seldom when simply prescribed and not specified. "The physician proposes, but the dispeuter disposes." The patient suffers, and so does the physician's reputation.

Physicians everywhere are agreed as to the incomparable merits of Tyree's Powder. They prescribe Tyree's. They think the patient gets Tyree's. And that's where the trouble begins. Hospital and national formularies abound with erroneous formulas purporting to give the composition and percentage strength of Tyree's. And while they don't, the physician thinks they do, thinks they are "about the same," and thinks the druggist can put it up. But he can't.

In our judgment, Tyree's Antiseptic Powder has been universally adopted by medical men, because:

1. It is a more powerful antiseptic and germicide than mercury bichloride, yet it is non-toxic.
2. Unlike other antiseptic agents, it promotes repair while destroying bacteria.
3. It is a detergent and deodorant, as well as an antiseptic and germicide.
4. It is inexpensive; hence well adapted for general use.

Each component of Tyree's Antiseptic Powder is of the highest attainable purity. The product is skilfully produced, and we verily believe it worthy of your constant employment, which can only be done by persistently specifying Tyree's.

As further evidence of these facts a liberal quantity of Tyree's Powder will be sent free to the profession, carriage prepaid, upon request. Dispensed in two- and eight-ounce containers at twenty-five cents and one dollar.

The Case of John Early.

It is rare for an individual case of disease says the New York Medical Journal to involve circumstances which make it a proper subject of public comment. The case of John Early seems to be one of the few exceptional instances. Early is a discharged soldier who is supposed to have contracted leprosy in the Philippines. A number of months ago the sanitary authorities of Washington, having convinced themselves that the man was really a leper, placed him under surveillance. His consequent plight —for he was undoubtedly subjected to some hardships—soon enlisted the sympathy of a distinguished New York physician, Dr. L. Duncan Bulkley, who examined him and came to the conclusion that he was not affected with leprosy. On account of Dr. Bulkley's high standing as a dermatologist, it is to be presumed, the Washington authorities so far relaxed their hold on Early as to allow him to come to New York for further observation, the New York Board of Health having formally agreed not to restrict his freedom during his sojourn here. Such was the situation when the Second International Scientific Congress on Leprosy was held in Bergen, Norway, in August, 1909. In our issue for September 18th our Bergen correspondent, in a letter dated August 18th, had this to say with regard to Early's case:

During one of the scientific sessions Armauer Hansen demonstrated leprosy bacilli in a section of tissue removed from the skin of John Early, the American soldier, who had contracted leprosy in the Philippines, a specimen having been sent to him for examination by Early's wife. The question of diagnosis in this somewhat famous case is thus definitely settled by high authority. Early is certainly a leper of the maculoanæsthetic type. The decision of the Washington authorities is sustained, and the clinical and laboratory diagnosis of Professor Ehlers, of Copenhagen, which had been disputed in New York, is fully corroborated.

A good deal is known about leprosy in Norway, the scene of Danielssen and Boeck's classical observations, and it will be recalled that Dr. G. Armauer Hansen, of Bergen, is the man who discovered the lepra bacillus. The writer of our Bergen letter is a New York physician of unsurpassed reputation for accurate observation and one who has paid particular attention to leprosy; indeed, it was his interest in the disease which took him to Norway on the occasion of the congress. There can be no doubt, therefore, that Dr. Hansen's findings in the Early case were perfectly understood and correctly reported by our correspondent. Nevertheless, Dr. Bulkley has bravely held to his original conviction, and some weeks ago he induced the Society of Medical Jurisprudence, of New York, to investigate Early's case. A special committee was appointed for the purpose, and at the last meeting of the society, held this week, the report of the committee was submitted. The report, founded on both clinical and microscopical examination, was unequivocally to the effect that Early was a leper. Still Dr. Bulkley, it appears, remained unconvinced and appealed to the

A LETTER FROM AN AUTOMOBILE OWNER.

ARDMORE, Pa., August 5th, 1909.

Middleby Auto Co.,

Reading, Pa.

GENTLEMEN:

In reply to your query of August 1st, asking me what I think of my Middleby car after having had it six months, I will say that I don't think anything of it.

The car I had previous to this I thought of a great deal. In the morning it would be a question with me whether I would take my bath and then go down and start up the car, or whether I should go down and try to start the car, and then come up and take a wash.

My Middleby has never kept me waiting summer or winter, in fact after standing all night I start it on the switch plug (switch plug is what I said) or the spark lever, through compression.

I will not go into details about the Middleby, merely saying that the engine has given me complete peace of mind and the riding qualities of the car bodily comfort.

A friend of mine, also a physician, said to me about a year ago: "I don't see what you fellows have all that plumbing shop in your car for. I get along without it, so what's the use in having it?" He clinched me on an air cooled car and I have nothing to regret.

A patient connected with the automobile trade, in discussing my car with me, said: "Wait until the thermometer is about 100 and then we'll see what you have to say." The thermometer was surely over 100 on the road last month, but the engine didn't even fire back when I stopped it, much less do anything wrong when it was pulling,

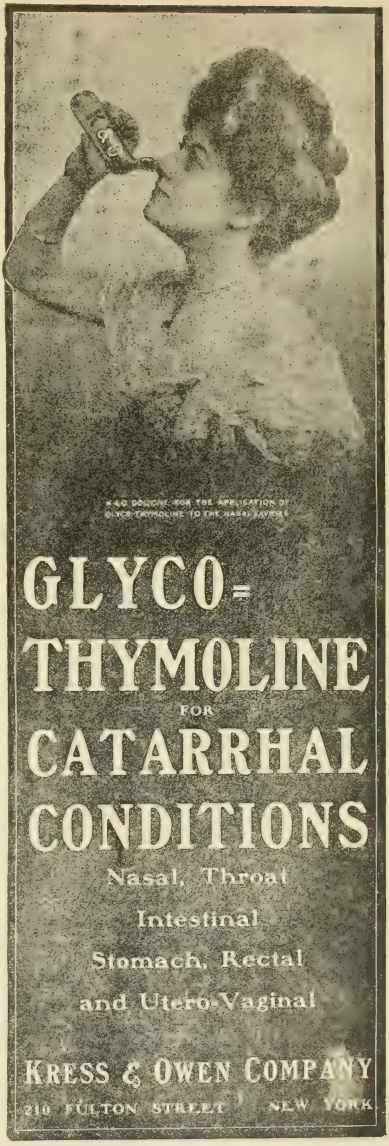
Gear changing does not bother me since I can go slowly on high on the level, and take stiff hills on high. I am also convinced that the car is easy on tires.

So you see I don't think of the car. I can attend to my practice and think of that.

I feel that in your Middleby roadster you have given doctors, at least, a most satisfactory car.

Very respectfully,

ALEX. HERRON DISSON, M. D.



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meeting to reopen the inquiry. The request was very properly granted.

We are not of those who look upon a leper, especially in this part of the world, as a person to be pointed at as "unclean" and to be deprived incontinently of liberty. The disease is probably contagious in a restricted sense, but certainly it is not one whose subjects ought to be shunned as one shuns those of smallpox. Segregation of lepers, however, is the policy to which experience points, and we cannot see that the Washington authorities are open to criticism for having exercised some measure of restraint on Early. At the same time, if the man is really a leper, it is conceded, we suppose, that he incurred the disease in the line of duty, and we must say that he seems entitled to remuneration for the hardships which he has undergone and to the most kindly treatment at the hands of the nation.

Diagnosis of Lead Poisoning.

The presence of basophile granules in the red cells is an early and extremely valuable sign of lead poisoning. A. Trautmann finds that these granules occur in anemia as well as in perfect health, but more than one hundred granular cells to the million is certainly rare. Twelve cases of undoubted lead poisoning were examined, and each showed over one hundred granular cells to the million. The actual percentage is subject to slight changes, hence it is often advisable to make two or more examinations of the same case. It would be most desirable to make regular examinations of all individuals coming into contact with lead, as intoxication could thus be prevented.—Muench. Med. Woch.

Treatment of Anaesthetic Vomiting.

The most rational way to treat and prevent nausea and vomiting after anæsthesia appears to be to promote in every way the elimination of the circulating anæsthetic. That is to say, the patient should be kept warm so that the skin may act freely, and renal secretion should be helped. For this purpose saline enemata are of great value, and one should be introduced slowly as soon as the patient is back in bed. In some cases large quantities of saline solution are introduced under the skin slowly and for long periods of time after severe operations, and it is claimed that not only is shock diminished in this way, but after-vomiting is much less frequent. While elimination is thus going on, the less put into the stomach the better. There is no call for anything at all except through thirst, and this gives little trouble if enemata or subcutaneous injections are used. Washing out the mouth with lemon juice and water is pleasant for the patient, and helps to allay feelings of thirst. Preventive treatment with glucose, based on chemical theories explaining delayed chloroform poisoning, has been given a trial at St. George's Hospital; the results do not show any marked alteration of the ordinary percentage of cases of after-sickness.—Blumfield, in The Medical Press and Circular, London.

The Defective Child.

The defective school child has recently been made the subject of an important investigation in Germany. In striking contrast to the tardiness with which New York City has awakened to the necessity of establishing special schools for defective children, Germany had already set a good example, for in 1905 there were 230 such schools in 150 German provinces, registering 15,000 children. That this enormous material furnished an enviable opportunity for studying the origin and antecedents of the various forms of degeneration encountered early in life was fully emphasized seven years ago by the illustrious psychiatrist Kraeplin, and has recently led to some important researches conducted by Eugene Schlesinger.—Archiv f. Kinderheilkunde.

A Dancing Cure.

A curious Highland remedy was the dancing cure, as it was practiced many years ago in Strathspey. A Highland shepherd, one Donald M'Alpin, a famous dancer, was reputed to have cured his mistress of a mysterious malady by means of dancing a reel with her, and this story being noised abroad gained him the reputation of being a successful physician. His humble cottage in Slockmuick, overlooking Strathspey, was besieged with crowds of patients who hoped to get rid of their ailments by a dance with Donald. The shepherd did not hesitate to take advantage of this stroke of good luck, and soon had a large and thriving practice. He engaged as assistant an ancient piper, who did the duties of apothecary, and the two between them evolved a course of treatment for almost every ill to which the flesh is heir. This treatment was very simple, the main features being as follows: In cases of indigestion, moderate doses of medicated "acqua" were taken, followed by the *ceum shuil* or promenade step. Headache or local plethora was treated with laxatives, followed by *ceum cosich* or footing step, or *ceum crack* or cross step. For catarrh Dondal prescribed, in order to produce perspiration, a large dose of gruel mixed with honey and butter, followed by *ceum crask* or Highland fling. In cases of serious illness, either

Cleanse the Blood and Keep it Circulating

Therein lies the essence of the successful treatment of pneumonia.

The phagocytes are the scavengers of the blood, but unless the affeced part receives the amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carrying the phagocytes into the lungs.

Heat is the best dilator of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

Antiphlogistine

(***Inflammation's Antidote.***)

offers an ideal method for the application of moist heat. It will keep the blood circulating because of its action upon the sympathetic nervous system which controls the circulation.

Schaffer, of Stuttgart, in his last treatise on the "Influence of Hot Air upon Inflammation," says: "Dry or wet hot compresses are more effective than hot air, as in Bier's method. Local warmth proved an excellent means of securing arterial dilation and accelerated circulation."

Free Circulation -|- Perfect Elimination =Restoration to Normal

In Pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiphlogistine. It must always be applied at least ⅛ inch thick, and as hot as can be borne comfortably.

THE DENVER CHEMICAL MFG. CO.,

NEW YORK.

of mind or body, he administered large doses of laxatives combined with diaphoretics, followed by the "M'Alpin leap." All these different processes terminated in the patient being well wrapped up in warm blankets, and the doses of medicine and dancing were repeated according to the patient's constitution and the nature of his disease. How long the shepherd physician continued his experiments at the expense of his confiding neighbors is not known, nor is it possible to discover what degree of success attended his administrations. But those who may be inclined to scoff at poor Donald's humble remedies and the credulity of his *clientele* would do well to remember that these same remedies were at least as rational and decidedly more harmless than those of some other empirics who gained a European reputation; whilst the rude Highlanders who sought his advice were but displaying the same ignorance and superstitious reverence as did the cultivated society of Paris when it thronged to the consulting room of a Mesmer or a Cagliostro.—British Medical Journal.

The Principal Methods of Tuberculization of Young Infants.

E. Terrien discards the theories of hereditary transmission of tuberculosis, or of its predisposition, and considers the sources of its transmission inuariably contagious. Remove the healthy child from contact with his tuberculous parents and you can raise him as healthy as other children. Even latent tuberculosis is affected favorably or cured by removal to the country and good hygiene. The entrance of the disease by way of the intestine is much less frequent than has been believed, especially since milk has been so universally sterilized. The common ways of entrance are the pulmonary and the nasopharyngeal. We should bend our energies to the lessening of direct contagion and the control of the tuberculous subject himself.—Annales de Medecine et de Chirurgie Infantiles.

Yeast as a Dressing for Burns.

Plantier (Sem. Med.) reports the value of yeast as a very successful dressing for burns. He uses the yeast either fresh or dried made into a paste with tepid boiled water, sterilized gauze bandages being impregnated with it. After the burn is disinfected these gauze bandages are applied and kept in place by lightly applied bandages, in order to prevent compression. If necessary, this dressing may be changed every day, or else every three or four days. The results obtained are exceedingly good—a rapid cure without any cicatricial deformity.—British Medical Journal.

Reforms for the A. M. A.

From our last month's analysis of the constitution of the American Medical Association it would seem that its fundamental defects lie in the derivation of its governmental powers; whence it follows that whatever reformation is attempted must be in the direction of a readjustment of the relations beiween the rank and file of the body and its administration; and since the elemental channel through which these relations are exercised is the ballot box, it is equally clear that the beginnings of reform must concern themselves with the voting mechanism of the Association.

There is no good or valid reason why the election of officers should not be carried out by popular and practically one-man vote. The thread-bare argument that the size of the organization makes such a method unwieldy cannot in these days hold water. A popular nomination and election of the officers of the American Medical Association is just as practicable, as it is just as desirable, as that of the president of the United States, and could be very well conducted upon the same lines. Indeed, the conditions and machinery of the Association are not at all unlike those which obtain in the federation of the States, and could, with very little change, be made to operate in precisely the same way. At present, however, as we pointed out last month, the method pursued by the Association is as though the voters should elect the presidential delegates and send them to the electoral college without the faintest idea, on the part of either delegate or public, as to who were the presidential candidates.

As in the national constitution, so in that of the A. M. A., the State societies are the constituent bodies of the Association, and the local societies the constituent elements of the State societies. There is no reason in the world, so far as we can see, why each local organization should not, and could not, conduct its own polling upon the official elections, reporting them to the proper officer of the State societies, which in turn would report them to the central organization, to be reported to the Association through the Journal. Installation of the various officers so elected could then be carried out at the annual convention, as at present.

The matter of nomination has still to be provided for. This could well be taken care of by a nominating committee—which might be either a standing committee, or better a committee appointed at each convention—wno should submit each year not to exceed a specified number of names—say three—of eligible and desirable candidates

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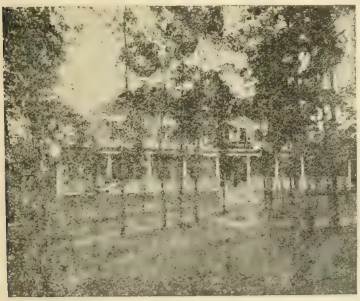

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for each office, to be voted upon in the manner above suggested. Such a method of nominating would not materially differ from the present one, except in this important respect, that it would ensure always a choice between three candidates and open the way for the introduction of new blood into the cabinet by an automatic and impersonal process. No body as large and influential as the A. M. A., and more than the United States, should ever be restricted to one candidate, or apply the closeure to official nominations.

Having thus nominated and elected officers by a broad and popular franchise, the next reform should direct itself toward investing these officers with the real functions and powers to which their offices, from the same broad and popular viewpoint, induct them. The office of president, in particular, calls for this kind of investment. As it stands at present, the presidency of the American Medical Association is little more than a farce. The office of president of a large and influential body represents, more than all else, the broad public aspects of the organization, both inside and out. It is through him that the will and desires of the rank and file are impressed upon the executive branch of the administration, and because he thus embodies the public sentiment he is able to whip the deliberative and executive departments into line with it.

Will anyone pretend that any such influence is exercised by the president of the American Medical Association? Will anyone, on the contrary, deny that the specification of his functions is deliberately designed to shear him of any such power? If the Association is to be restored to anything like democracy, the president must be made a real officer instead of a mere figurehead. He must be given the appointive power of committees; his suggestion and recommendation must be given serious attention by the House of Delegates and Executive Board, if he has to send them a special message for the purpose, he should even be given the veto power in certain directions; and should be given the opportunity of presiding over a genuine meeting of the Association, in place of a mere social talk-feast. We regard the rehabilitation of the president as an exceedingly important step in the reformation of the Association.

Finally, there needs to be a radical reform in the constitution in the provision for the conduct of its public business. As it now stands, the Association does not comply with the spirit—if it does with the letter—of the charter under which it exists, for there is absolutely no provision for an annual business meeting of its stockholders. There should be a day set apart at every annual convention for the transaction, upon the open floor of the convention—of whatever matters concerning the policies and conduct of the Association were proper for such an occasion. There is absolutely no reason why such a business session should not be held, and it is a most un-American and cabalistic state of affairs that no provision is made for it. Such a session should be provided for without delay, to be open to every member in good standing who cares to attend and make himself heard, presided over and directed by the president of the Association, and constituting the court of last appeal in all matters concerning the general policies of the organization. With this meeting, and not with the House of Delegates, should rest the power to amend the constitution and by-laws,

With this trio of reforms effected—a popular vote, a real presidency, and an annual business session of the whole Association—the complexion of the whole situation would speedily and favorably change. It may be that the very same men would be returned to executive office that now occupy the positions, but they would be there on a different and unassailable basis. And whatever might be the sentiment of the rank and file, at any given time and upon any given subject. would promptly and effectually stamp itself in the executive councils, and translate itself into actual policies—which is the only plausible and satlsfactory basis for the conduct of an American Association, medical or otherwise.—Medical Standard.

Hyperthermal Medication.

What is meant by hyperthermal medication? The word thermal at once reminds one of mineral springs, and in using it the intention was to indicate the precise starting point of this article which, in a measure, is the continuation of my former studies at the Mud Baths in Dax, France.

In thermal medication the highest temperature tolerated in the shape of baths or topical applications (mineral mud) is never higher than 113°, and we know that Professor Reclus, one of the most eminent protagonists of hot water, has often expressed his regret at not being able to exceed 122° in the hot water dressings from which he derived such marvelous results.

The extreme heat limit, therefore, in thermal medication is 122°; beyond that hyperthermal medication commences. Employed already in the times of remote antiquity in the vaporia and tepidoria of the ancients, it has today acquired novel attractions, since the firewood of by-gone days and the alcohol of our forefathers have been replaced by gas and electricity; and espec-

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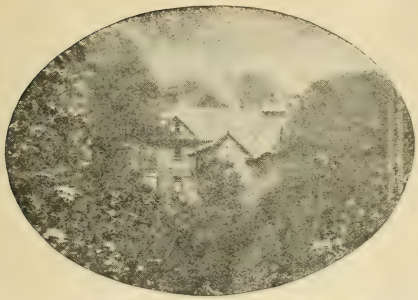

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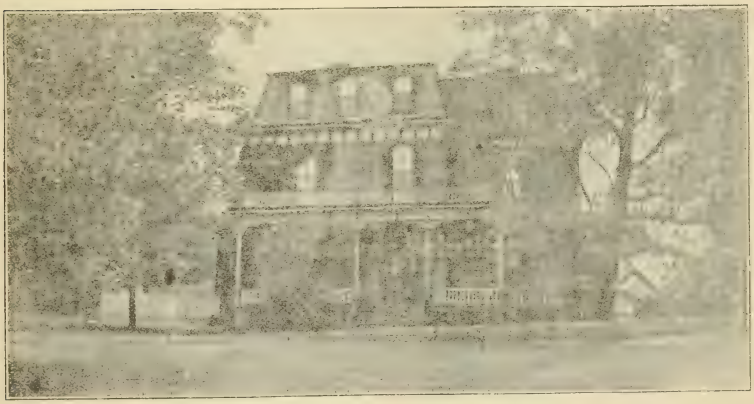

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ially since those famous hot air boxes, manufactured abroad and imported here, appeal to the patient by reason of their magnificent high degrees of heat. It seems that the 300° to 392° of superheated air which they achieve exert a mysterious effect. I have neither the time nor intention to show how old this alleged novelty is, and it will suffice to state that this cumbersome heating apparatus cannot be applied in the ordinary conditions of life.

If it is possible to apply air heated up to 200° to the skin without injuring it, it is due to the well known mechanical effects of perspiration, and the treated part is merely subjected to circumambient heat. In those boxes as well as in steam baths the effect resolves itself into a peripheral stimulation at a distance from the exposed region, which is no greater than if humidity were absent. Quite different is the action of hot epithems, such as sand bags, thermal mud baths, hot compresses or cataplasms, because here there is direct contact between the generated heat and the tissues, and since up to now the medium was always aqueous, the limit of tolerance of the skin was necessarily restricted to 122°.

Between hyperthermalization by radiation and that by contact it has seemed possible to us to establish a link, for our method has little resemblance to the two above referred to; it is a third modality of heat which in spite of direct contact between the generated heat and the tissues permits the latter to be subject to hyperthermic temperatures. As will be seen, it is sufficient to replace the hydrous element of ordinary epithems by a strictly anhydrous substance, which brings us near hot dry air. After many studies and experiments we have decided upon a mixture of various kinds of waxes and resins (kero-resins) to which we have given the name of "Hyperthermine."

This mixture, which in its cold state is solid, becomes fluid when subjected to heat either direct or in a waterbath, and it can be applied like an epithem or by spraying it like water on the tissues themselves.

Hyperthermine is characterized by three distinct properties:

(1) It is tolerated without causing changes, at temperatures varying between 180° and 220°, according to whether it is applied to a corium or not.

(2) It keeps up the temperature of the application at a much higher degree and for an infinitely longer time, than anything observed before.

(3) It contracts in cooling: and it is this property, by far the most interesting, which gives it a unique place and really constitutes the originality of the method, which I will now proceed to explain.

(1) The tolerance of the tissues to the influence of Hyperthermine is certainly what strikes one most at first; you may dip the finger into the substance at 280° without burning; you may apply to the skin successive layers of liquefied Hyperthermine which, when tested by the thermometer, would register 180° to 220°. This would be astonishing but for the well known phenomenon of calefaction, and it will be understood that the physiologic and therapeutic effects of such a heat wave must be considerable.

(2) The equally important question as to whether this heat is retained can be easily decided by putting into a test glass 125 grams of hot water with 7 grams of cotton wool, which is the proportion of water absorbed by a pad of cotton wool; and into another similar glass 125 grams of hot Hyperthermine together with 7 grams of cotton wool. Let the temperature of each glass, as registered by the thermometer, be 122° (the maximum tolerance for a cotton pad) and at the end of 25 minutes it will be seen that the temperature of the water has dropped to below 104°, which means that it has no longer any thermic effect, while the Hyperthermine in the other glass will have a temperature of about 113° after a lapse of 2 hours and a half.

Thus, it is an established fact that a dressing made with Hyperthermine will retain a temperature of over 104° longer than one made with water, and also that we may bandage the skin with this substance at a very much greater temperature without causing burns. This then is certainly a hyperthermic application.

(3) But these properties which experience has shown to exist would, in spite of their practical advantages, not have appealed to me sufficiently to claim superiority for them over ordinary local calefaction but for the additional advantage of contractility. A limb enveloped in successive layers of Hyperthermine and cotton, forming a thickness of about 3 cm., soon manifests a distinct sensation of constriction, and this results from the contraction taking place during the solidification of the substance while cooling down from its initial 180° or 220°, to 110° or 115°, which it will now retain in its lowest layer.

There is thus greater heat, combined with the advantages of a slow, gentle, uniformly progressive compression, the mechanical importance of which in articular, glandular, testicular and especially phlebitic and varicose engorgements is too evident to require argument. Its physiological importance is equally great, and it assures for Hyperthermine both a novel and exceptional position.

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J. ALLISON HODGES, M. D.

Up to the present the study of hot applications and their effects on the circulation and the other functions has never taken into account anything except temperature. Now, however, is added automatic compression which, in accordance with the effects observed, entitles us to make the following aphorismic statement: The heat formerly utilized in therapeutics, in whatever form, was a "passive" heat, if we may be pardoned for so calling it, while now we possess an "active" heat. As a matter of fact, a cotton pad or a hot compress are only vehicles of heat and nothing else, as they cannot of themselves exert a mechanical effect, while Hyperthermine, besides being a vehicle of heat, acts at the same time as a mechanical agent of compression.

Ordinary applications of heat can only produce a passive dilatation of the peripheral net, which, after they have ceased to act, will contract progressively, but passively; in our method the action of Hyperthermine produces intense hyperemia of the skin, which means that there is not only dilatation of the peripheral net, as in the other process, but also that under the influence of its contractility the blood of the peripheral net is mechanically returned by the continued pressure towards the deeper net, so that the local circulation, the circulatory elasticity, is powerfully activated.

But this contractility has other very interesting effects, because Hyperthermine is also used in the dressing wounds. Having, by heating, become as fluid as water, it may be handled exactly like it, which means it may be injected into a cavity which it will fill precisely as would an injection of water. After the tissues have thus been bathed for a few minutes in this strictly aseptic fluid at a temperature in the vicinity of 200°, an intense stimulation of the blood supplying this region will have been produced, thus increasing phagocytosis. Soon, however, the substance will cool down to about body temperature; it contracts, occupying less space than before, and as it has become moulded upon the walls of the wound, it forms a real wax cone, leaving between it and the traumatic walls a space for drainage, as the cone will not adhere to the tissues, but will remain suspended in the middle of the cavity. The presence of this internal mould has two effects; in the first place, as the Hyperthermine solidifies it engulfs, and therefore, isolates, all foreign matter, such as detritus and necrosed matter which may be infecting the wound. Next, owing to its shape, it forces the granulating ends to follow each other with uniform intensity over the entire internal surface of the wound. This impulse, which is likewise brought to bear mechanically on the physiologic action, regulates the progress of cicatrization, forces the successive stratifications of fibrous tissue to proceed uniformly through the wound from depth to surface, and thus explains the suppleness of the scar obtained.

Thus, Hyperthermine is a physico-mechanical means to obtain automatically (by elevated temperature) complete asepsis, cleansing, and regularity of the scars, without any intervention on the part of the operator.

It can easily be understood what the therapeutic consequences of the physical properties will be as we have just enumerated.

Hyperthermine will give valuable aid to the physician, the surgeon or the veterinary; in fact the field is so large that we can perfectly understand the suspicion with which it is sometimes received. If, however, it is looked upon not as a medicament, as it does not contain any medicinal substance whatever, but as a vehicle of heat, and as a mechanical means of compression and disinfection, it represents a purely physical agent, and as such its use should not be confined to narrow limits.

Heat has been applied for all times by physicians, surgeons and veterinaries. We offer you a new method of localizing intense and painless heat in an affected region, and it makes no difference whether this agent can be used for a number of various purposes, so long as it is practically useful and applicable in all possible conditions.—Barthe de Sandfort, M. D., of Paris, Surgeon of the French Navy, First Class, Retired; Fellow de la Societe de Medicine et Chirurgie de Paris; Fellow de L'Institut de Pathologie Comparee de France, etc.

NOTE—Hyperthermine has been known for the past ten years in France as L'Ambrine, and the original French literature refers to the product under the latter name. As Hyperthermine has a definite meaning, the remedial agent will be known in this country only as Hyperthermine. It is manufactured in France, and the Thermo-Chemicals Company, 6 Cliff Street, New York, is the exclusive selling agent for the United States, Canada and Mexico.

The York County Medical Association held their annual meeting in Yorkville, S. C., on the night of January 3rd. The meeting was largely attended, and after a most interesting business session the physicians, with the druggists and ministers of Yorkville, as their guests, adjourned to the Shandon Hotel, where they enjoyed a delightful banquet.

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The Coal Tar Products Again.

In a recent pamphlet, entitled "Antipyrine, Acetanilid and Phenacetin, Are They Harmful or Habit-Forming?" the author, Dr. Uriel S. Boone, an established physician of good standing in St. Louis, has furnished a valuable contribution to the long-drawn-out discussion of this important subject,

There are several points about this investigation of Dr. Boone's which distinguish it from almost every preceding canvass of the subject, all of which might be summed up in the statement that it bears every appearance of being a genuine search for the unvarnished truth, that its results are presented in a fashion which makes his report peculiarly satisfying and convincing.

Dr. Boone has, as we think, rightly opined that "the hospitals and sanitariums of the United States would contain unbiased, unrpejudiced evidence, unaffected by any thought of the result upon the drugs themselves;" and he has "selected them as the field of his investigation because they keep records of their cases which few physicians in private practice do, and because, if these drugs were habit-forming, many of their habitues would, naturally, go to hospitals and sanitaria for treatment and these institutions would have complete records of their cases."

He has, therefore, addressed his inquires —which, by the way, are not in the slightest degree leading—(indeed, they do not even indicate any preconceived opinion on his part) to the sources which, above all others, the average man would think were best able to furnish trustworthy data on the subject, but which the officials of the Agricultural Department, in the conduct of a recent similar investigation, refused even to consider, it being thought, by them, for some inscrutable reason, to use their own words, "that information from these sources would not be of a strictly representative character." And Dr. Boone brings his witnesses into court and makes them testify in their own verbatim language and over their own corporate and individual names.

A summarization of the statistics and data contained in Dr. Boone's pamphlet shows that he received and publishes reports from 1,027 hospitals and sanitaria. Of these, 996 report that in all of their experience with the coal tar products there have been no instances of any untoward results, and that not a single case of habit formation from them has come under their observation. Injurious effects are reported by six hospitals only, all of which were due to overdose or other improper use of the remedies; seven institutions report cases, but state that they have no records, and therefore give no details; and one reports a case of insanity. The remaining seventeen out of the residuary thirty-one report cases of irregular pulse, weak heart action, cyanosis, etc., under the administration of the drugs, none of which, however, were regarded as of enough importance to be noted in the report as serious, all of which were due to misuse of the drug, and all recovered. Not a single case of fatality is reported in the entire period covered by any one of the hospitals or sanitaria.

The scientific value of such an investigation and the trustworthiness of its evidence have only to be suggested in order to be immediately appreciated by any fair and unbiased mind. Here is an array of witnesses with no concealment of names or places, with no possible interest to subserve one way or the other, and hence with no thought of making a case for or against the products, each giving testimony from records that have been made with the careful accuracy which prevails in such institutions, all of which can be readily verified by any physician who cares to inspect those records, all set forth plainly and categorically with no special pleading and with no conclusions or deductions, except those which the testimony itself forces upon the reader.

One can not fail to be impressed with the contrast offered by this investigation of Dr. Boone's to the methods employed and the showing made by the Bureau of Chemistry, under the direction of Dr. Wiley, in its recent investigation of the same subject (referred to above), the results of which were published in its Bulletin No. 126, and whose specious and misleading conclusions Dr. Boone's inquiries were evidently designed to offset. A series of leading questions framed, as were those of Dr. Wiley, to elicit precisely the answers desired, and addressed to only 925 physicians, whose names are carefully withheld from the report and who, for all we know, may have been specially selected and prejudiced men, can hardly be regarded as the likeliest methods of obtaining impartial and trustworthy information upon this or any other subject.

The entire mass of evidence that filled this bureaucratic report was puerile, illogical and inconsistent; its testimony was incompetent; its facts were distorted, and its pleadings were so specious and prejudiced that they left no doubt in the mind of impartial readers of the predetermined purpose of the inquiry to condemn the products under the pretended investigation.

So strong was this prejudice, especially against acetanilid, that the most simply explicable data were twisted and distorted

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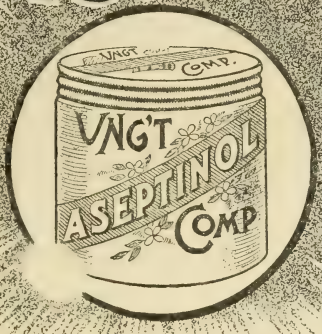

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Brooklyn-New York, U. S. A.

to serve its purpose, as for example, the explaining of the more extensive use of phenacetin, on the ground that it was the least harmful of the coal tar agents, when every one with a grain of intelligence understands that, whatever excellence phenacetin may possess over acetanilid, its predominance in medical practice must be largely due to the fact that up to a very short time ago it was a proprietary, and hence was extensively and persistently advertised. In another place the bureau pointed out that the largest proportion of disasters occurred during the first eighteen months after the introduction of acetanilid, that in the next thirteen years the number of such disasters fell off, and that since 1904 there had been a notable increase in fatalities; and this it explains by the consideration that at first the dangers of the drug were not fully appreciated; that later, as it became better understood, it was used more carefully, and that of late years its use by the laity had given rise to increased fatalities. The true explanation, of course, is to be found in the fact that when acetanilid was a new remedy it was widely discussed and precisely reported on; and that as soon as the novelty wore off and its nature and action became thoroughly known, it naturally ceased to be the subject of frequent and detailed report and possibly was not used to quite the same extent as formerly.

And so the matter would have rested but for its agitation by the Journal of the American Medical Association and its lay allies —Collier's Weekly and the Ladies' Home Journal—during which the country was scoured for evidence, genuine or spurious, to bolster up their indictment against American medical specialties, and which represent precisely the five years or so in which the bureau pretended to find an increase in the number of fatalities.

All of which is so transparent, and its instigation by the special interests of the medical ring so plain, that the only danger of the report lay in the color of authority given to it by the prestige of the United States Bureau. And all of which also is in marked contrast with the fair methods, the unbiased data and the straightforward presentation which characterizes Dr. Boone's report.

The result of this orderly and competent investigation of Dr. Boone's is, as we have seen, precisely the reverse of the anomalous and incompetent inquiry conducted by the Department of Agriculture. Its net showing is, as any sane man would expect it to be, that the disasters and fatilities from aceianilid and the other preparations named have been no more and no less than those from other equally potent drugs; that, as a matter of fact, their untoward effects, as in the case of other powerful drugs, have been comparatively few; and that the beneficent effects of the coal tar products, including acetanilid, have been far in excess of their harmfulness.

It is immaterial to our criticism whether the subject under inquiry be acetanilid or any other product. What the medical and pharmaceutical professions are interested in is that investigation of drugs, by whomsoever undertaken, shall be fair and honest, which that of the Department of Agriculture can not be said to be, and which that of Dr. Boone's most assuredly is.

But without regard to the fairness and honesty of Dr. Wiley's investigation, we are unable to find any warrant in law for his proceedings in this matter. We do not understand by what or whose authority he has presumed to take it upon himself to advise the medical profession and the public in general as to what drugs they should or should not use. Nor are we aware of any statute which, however liberally construed, can be fairly said to give to the Agricultural Department the right to print and distribute at the public expense thousands and thousands of pamphlets in a propaganda against the coal tar products, *or for or against any other kind or class of drugs.*

But admitting the authority, we can conceive of no good reason why acetanilid, antipyrine and phenacetin should be singled out for special investigation and condemnation, as against many other drugs which are capable, if wrongly used, of producing at least equally harmful results. And in the absence of any such reason, and in view of the fact that Dr. Wiley is an enthusiastic member of the American Medical Association, is on one of its most important committees, and is outspokenly sympathetic in the fight which that association has waged against American medical specialties, we can not help feeling that he has allowed himself, innocently or otherwise, to be used as a tool to further the destructive schemes of the crafty medical clique at Chicago.

We believe that the investigation and report of Dr. Boone represents the real status of acetanilid and the other coal tar preparations. Indeed, we are satisfied that this was their status before any investigation was made at all; but we are sure that the manner and substance of the testimony presented by Dr. Boone is of such a character as to convince the fair and unprejudiced mind of the trustworthiness of its burden. Such an impartial and definite expression from the hospitals and sanitaria of the country ought to settle once and for all the vexed question of the danger and harmfulness

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Etiology and Treatment of True Angina Pectoris.

Two theories of true angina pectoris demand consideration: one claims that the pain is in the nature of a neurosis, due to a hyperesthesia of the cardiac plexus; according to the second, a sclerosis of the coronary arteries is present and a vascular spasm is the immediate cause. The latter theory, according to Michaelis, is more generally accepted, as it will better explain the onset of the attack after exertion and psychical disturbances.

Experimental ligature of the larger arteries of the heart will lead to slowing of the pulse and fall in blood pressure, with cessation of the heart action within a few minutes. If smaller vessels are ligated, there may be considerable arrhythmia, but a collateral circulation may be established, so that the heart continues to beat. Some of the vessels of the heart are not end arteries, but anastomose by means of very fine branches. This will explain why in some cases there is considerable narrowing with but few symptoms, while in others a minute thrombus will prove fatal.

In younger individuals, sudden heart death is usually due to embolism from excrescences on the valve, but in older patients an arteriosclerosis is almost always present. This has the usual etiology: excessive manual labor, alcohol, lead, syphilis, and gout. In other cases there may be a fatty heart, diabetes, tabes, chronic nephritis, pericarditis, aortic aneurism. Abuse of tobacco, coffee, and tea usually leads to false angina pectoris. Heredity plays no role, except as far as the arteriosclerosis is concerned.

Treatment tends to check the attack as soon as possible and to prevent a recurrence. As a rule, both anodynes and heart stimulants are indicated during an attack, and morphine, ⅙ to ⅓ grn., together with digalen and caffeine or camphor, should be injected at once. Vasodilators often check the pain better than other drugs. The most rapidly acting is amyl nitrite, a few drops of which should be inhaled from a handkerchief or piece of blotting-paper. The alcoholic solution (1 per cent.) of nitroglycerin may be given in doses of from 1 to 10 drops. Often sodium nitrite (0.2 Gm. in 100 Cc. of water, one to two tablespoonfuls during the attack) acts well.

According to Lauder Brunton, the use of erythrol tetranitrate, in doses of 0.03 Gm. (½ grn.) three times a day, will prevent a recurrence of the attacks. Cold externally is usually not borne well, but hot application may give much relief. Mustard and dry cupping may be employed. In case of serious collapse, digalen or, better still, strophanthin may be used intravenously. Of strophanthin, there is the Boehringer preparation, which is put up in solution ready for use (tubes of 1 Cc. strophanthin solution, 1:1,000, the maximum dose in twenty-four hours), and the crystalline Thoms preparation (0.0005 Gm. as maximum single dose). Internally, wine, cognac, and the various ether and valerian preparations are indicated.

Where there is also cardiac asthma, oxygen should be inhaled. Frequently, supporting the cardiac region by means of a special truss (Abbee) will be very grateful to the patient. The patient himself will usually determine which posture is most agreeable.

After the attack, rest and fluid diet are necessary. The administration of small doses of veronal, with or without dionin, will often prevent a new attack. The bromides are usually too weak. As soon as possible the use of the iodides should be begun (sodium iodide, 0.5 Gm., daily). One of the best substitutes is iodipin; 5 drops of the 10 per cent. solution are given three times a day, the dose being increased to 3 times 30 drops, and then again diminished to 5 drops within three weeks.

The more recent diuretics (diuretin agurin) are also in place. Digitalis is indicated with cardiac weakness, but is contraindicated where there is a tendency to embolism or cerebral hemorrhage, or with aneurism, high blood pressure, or bradycardia. The author states that the best preparations are digipuratum and digalen.

Electricity, light treatment, and cardiac massage are of less importance, but there can be no doubt that carbonated baths have a salutary effect. They should, however, be taken only under the directions of a physician. More recently oxygen has been used in place of the carbonic acid.—Therap. d. Gegenwart.

Chloral Hydrate in Inflammatory Conditions of Throat and Mouth.

Heller advocates the local application of a 2.5 per cent. solution of chloral hydrate for all manner of inflammatory conditions of the throat and mouth. It is strongly antiseptic and parasitic, but it also acts as a local anesthetic and at the same time excites an intense hyperemia and transudation. He considers it greatly superior to other more usual applications, especially potassium chlorate. A small quantity of the solution should be taken into the mouth and thrown about by masticatory movements and by movements of the head from

one side to the other, but not gargled. This should be repeated every half hour. It is particularly efficacious in inflammatory conditions involving the tonsils. In stomatitis of mercurial origin, a spray of a 2 per cent. solution may be allowed to play on the gums, and at the same time a mouth-wash of 1 per cent. solution should be used frequently. In chronic laryngitis, a molecular spray of 1 per cent. solution is found useful.

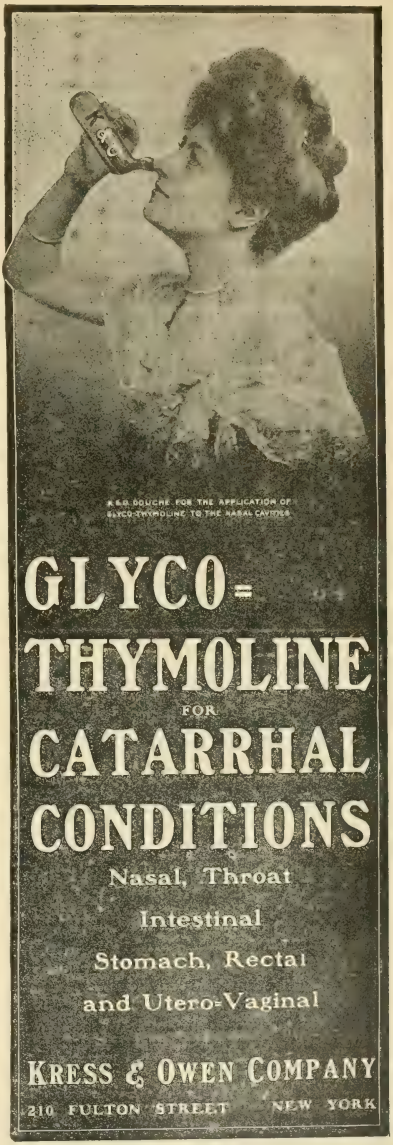
Professor Quincke, of Kiel, is also an enthusiastic advocate of this application, and in nasal diphtheria he recommends a spray of a 1 per cent. solution with 0.75 per cent. of sodium chloride added. It has also been found useful in pulmonary gangrene to suppress the fetid odor of the expectoration.—The Hospital, London.

Veronal in Delirium Tremens.

Moller treats delirium tremens by the expectant method. The patients are kept in bed, amid the most favorable surroundings, and are watched by a nurse day and night. Stimulants, such as digitalis, camphor, caffeine, and alcohol, are given only where there is heart weakness. Sedative drugs, such as chloral and paraldehyde, are no longer used, as the quieting effect is only a temporary one. Since 1903 veronal has been employed, and with the best results. In six years only one case of veronal eruption has been seen, but no general intoxication. The temperature remained normal, and even after full doses the pulse improved in quality.

In brief, the treatment is as follows: With fully developed or incipient delirium, 1 Gm. (15 grn.) of veronal is administered. If not sufficiently effective, another gram is given after three hours. The patient will then sleep for six to twelve hours, and the only symptom remaining on awakening may be a slight tremor, which can easily be controlled by 0.5 Gm. veronal. If there is insomnia subsequently, the some dose will correct this. Where the delirium is fully developed on admission, it may be necessary to give a third gram of the hypnotic. By means of this treatment all but 3 per cent. of the cases of delirium observed by the author were controlled. A further advantage of the method is that treatment can be easily carried out at home.—Berl. klin. Woch.

THE JOURNAL keeps, for the benefit of its subscribers, the names and addresses of all unemployed nurses who reside in Charlotte. Direct telegrams and phone messeges to the Charlotte Medical Journal for information.



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Treatment of Chronic Bronchitis.

Underlying a chronic bronchitis there will be found a state of reduced vitality. The chronic condition has fixed itself and the weakened system is unable to throw it off and restore itself to normal—the system's elasticity, its ability to rebound, as it were, is gone.

There is urgent need of an agent that will build up and restore the resisting powers, so that the chronic bronchial condition may be eliminated. Cordial of the Extract of Codliver Oil Compound (Hagee), by reason of its soothing effects on inflamed mucosæ, and above all else, its power to build up a debilitated subject, put new blood in his arteries and stamina in his body—is the remedy par excellence for this purpose.

A Distinct Advance in Bacterin Therapy.

The secret of success in bacteria therapy is to be found in the dosage, as to amount and interspacing. Sufficient bacterin should be injected to keep the opsonins in the blood at high tide, avoiding unnecessarily large doses—for opsonins are wasted in taking care of excess—and not repeating too frequently, thus preventing the tide from rising to the maximum. On this account a graded system of syringe containers has been adopted by the H. K. Mulford Company in place of the ampuls previously employed for supplying bacterins for dispensing.

The great disadvantage of the ampul container was its inflexibility. After the first dose was removed from the ampul there was always the risk of contamination, and many physicians preferred to discared the remainder rather than to take the risk.

This objection is overcome by the graduated syringe containers. Each package contains four syringes of bacterin, marked "A," "B," "C" and "D" respectively. Each syringe being marked in fifths, for an approximate measuring of dosage—the scale being sufficiently accurate for all practical purposes. It will thus be seen that there are twenty or more doses in each package and no waste.

The syringe container has also the advantage of removing all danger of infection through an imperfectly sterilized hypodermic syringe. The syringe, with its plunger and needle, is carefully sterilized in the laboratory before it is filled.

When the rapidly growing importance of bacterin therapy is considered, the value of this improvement in technique introduced by the H. K. Mulford Company will be at once appreciated. The Typho-Bacterin immunization of armies against typhoid fever is becoming a potent agent against a scourge responsible for more deaths in war than the bullets of the enemy; the use of Neisser-Bacterin, in the hands of physicians who have learned to use it, is proving a most effective weapon against the great black plague; the mortality from pneumonia has already been reduced by the use of Pneumo-Bacterin; and other infectious diseases are yielding to bacterins after resisting the usual forms of treatment—all of which goes to prove that bacterin therapy has come to stay, and any system of dispensing bacterins which places these products in the hands of the busy practitioner in a convenient and economical form should be heartily welcomed.

Treatment of Ulcer of Stomach.

Leube's principles in the treatment of ulcer of the stomach call for rest in bed for at least ten days; Carlsbad water, a diet of milk, soup, softened zwieback and cakes, and hot poultices. Despite various changes recommended within recent years, W. Weintraub claims that the Leube method is still the most satisfactory. It should be carried out in all detail, except that the administration of Carlsbad water is not necessary. It is often surprising how soon the pains will disappear if the patient remains in bed. The diet can be increased more rapidly than Leube prescribes; thus, the patients will very soon tolerate rice and farina with eggs, and often, within ten to twelve days, finely chopped meat and vegetables.

No patient should be allowed to get up unless a mixed diet no longer causes pain (usually two weeks).

Among 134 patients seen, 108 were women, 26 men. In fully two-thirds there was a history of hematemesis. A fatal issue was recorded in only one case, where there was a complication of diseases. Where there is bleeding, large doses of bismuth will do good ssrvice. It is usually better to follow the plan of Lenhartz here and to give milk with egg-albumin very soon, if possible on the day of the hemorrhage, since Leube's plan of rectal alimentation increases the anemia and the general weakness.

There are, however, cases where every mouthful of liquid food causes severe pain, and where vomiting and hematemesis constantly recur, even with highly albuminous

Cleanse the Blood and Keep it Circulating

Therein lies the essence of the successful treatment of pneumonia.

The phagocytes are the scavengers of the blood, but unless the affeced part receives the amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carrying the phagocytes into the lungs.

Heat is the best dilator of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

Antiphlogistine

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offers an ideal method for the application of moist heat. It will keep the blood circulating because of its action upon the sympathetic nervous system which controls the circulation.

Schaffer, of Stuttgart, in his last treatise on the "Influence of Hot Air upon Inflammation," says: "Dry or wet hot compresses are more effective than hot air, as in Bier's method. Local warmth proved an excellent means of securing arterial dilation and accelerated circulation."

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In Pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiphlogistine. It must always be applied at least ⅛ inch thick, and as hot as can be borne comfortably.

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and fatty food. It thus follows that no one plan of treatment will be appropriate for all cases. Anodyne drugs will here be necessary, and codeine, dionin, and morphine are distinctly surperior to others. Desalgin, a new drug containing 25 per cent. of chloroform, has not given much relief in small doses, while larger ones caused nausea. An aluminum-glycerin paste, known under the name of eskalin, is claimed to coat the interior of the stomach and thus protect the ulcer, but bismuth was usually found to be superior for this purpose, though intoxication is not excluded.

With recurrent bleeding, the patient receives one or more doses of morphine. After twelve to fifteen hours, small amounts of milk or tea, or milk with albumin, are given. It may be necessary to give drugs for the bleeding itself. The least reliable is gelatin given internally or per rectum; 20 to 30 drops of adrenalin solution act somewhat better, but the safest way to check the hemorrhage is to inject a 10-per-cent. solution of salt intravenously. The hemorrhage may recur for a second or even a third time at some later period, yet it will only rarely be necessary to deliver the patient into the hands of the surgeon. The operation is not an altogether simple one, and frequently the ulcer cannot be found. For the most common consequence of ulcer, pyloric stenosis, operation is earnestly recommended, as the results are usually excellent. An operation is absolutely necessary where a perforation has occurred, though even here expectant treatment will sometimes be sufficient, provided the stomach was empty when the perforation occurred. —berl. klin. Woch.

Disinfection with Acetone-Alcohol.

Herff points out that the most valuable substance hitherto employed for the disinfection of the skin prior to operations is alcohol, in that it penetrates deeply into the crevices of the skin and causes a shrinking which prevents a separation of the upper layers of the epithelium. The penetrating power of the alcohol can be considerably increased by the addition of acetone.

The technique, as practiced by the author, is as follows: The patients are not prepared as formerly by means of soap or sublimate poultices. No soap or water is used, but the site of the operation is carefully washed for five minutes with acetone-alcohol and a soft flannel pad. When dry, the following solution is painted on the skin: Benzoin and damar, each 10 Gm.; thymol, 0.5 Gm., ether, ad 100 Gm. This solution may be colored with sudan, or its efficiency may be increased by the addition of 20 per cent. of an alcoholic iodine solution (iodine, 7 Gm.; potassium iodide, 5 Gm.: alcohol, ad 100 Gm.). After the operation the suture line is protected with the same resinous solution. In the vagina a 3: 1,000 solution of iodine in 50-per-cent. alcohol is employed as disinfectant. In obstetrical work, the vulva is cleaned with soap and water and a sublimate solution, while in the vagina, tincture of green soap or acetone-alcohol is used.

For sterilizing the hands, acetone-alcohol is also excellent, but the percentage of acetone should not exceed 1: 10, for fear of irritation. The nails should be cleansed with soap and water, but without a brush. One great advantage of this method is that it can be used under all conditions.

The tendency to simplify the disinfection of the skin is also manifest in the article of Umber, who simply paints the skin with tincture of iodine before he performs a puncture, etc.—Therap. d. Gegenwart.

Some Uses of Opium.

It is often forgotten that opium has a stimulating as well as sedative properties, and that as a general stimulant to the nerves, the brain, and all the organs of life its value even for this quality alone entitles to a high place in the esteem of the practical physician. Opium and morphine are not quite the same in this respect. Of the two it is in the former that the quality is most active. Its stimulating effect is best brought about by the use of small doses given at convenient intervals. The invigorating influence can be turned to account in the case of obstinate sores occurring in cachectic children. The ulcerative stomatitis which is so common among the ill-fed and badly-nourished children of the very poor often shows little disposition to heal, even when treatment is reinforced by a generous diet and healthy surrounding. When repair is thus at a standstill, a few drops (two to five) of laudanum given twice a day quickly induce a welcome change in the local conditions, and start an improvement which goes on smoothly to a cure.

Opium exerts its influence by means of the nervous system, through which it gives energy to the capillary circulation, and affects to some extent every organ of the body. There can be no doubt that the circulation is stimulated by the remedy. The feet become warmer, and the resistance of the body to the depressing influence of cold is very appreciably enhanced. This primary effect of the drug as a stimulant of the nervous system is a quality the value of which must not be forgotten. The nervous trepidation called "stage fright"—the ill-

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defined sinking apprehension which is familiar to the orator and the player, and is not unknown to the student as he prepares to face his examiner—may be forestalled and disarmed by a small dose, five or six drops, of laudanum taken half an hour or so before his trial is to begin. Again, the nervous tremblings and depression which may be induced by a shock, and are apt to follow a surgical operation, are amenable to the same influence. Such a dose, repeated, if necessary, several times at intervals of half an hour, is usually soon followed by tranquility and sleep. The same treatment will go far to relieve the distress of dying persons. Under the influence of a few drops of the tincture the painful uneasiness abates, and is succeeded by a period of restful calm which may be maintained by judicious repetitions of the remedy until the close.

Again, the profound mental depression which sometimes afflict elderly people, making their lives a burden to themselves and to their relatives, may be alleviated by the same means. In this, as in the preceding cases, the drug acts as a stimulant, and something more; it quiets nervous irritability, while at the same time it gives a welcome spur to jaded nerves. There are few cases of nervous unrest in which opium given in these moderate, stimulating doses fails to relieve.

Children who have been treated surgically for empyema and wear a drainage tube often suffer much uneasiness while the drainage process is going on. Under this treatment their restlessness is calmed and they are enabled to bear the continued presence of the tube without showing any sign of discomfort. In all forms of illness in which the nervous system is irritable and perturbed the same treatment will be found of service. When thus given with a view to stimulation the dose of the drug must be carefully limited, for too large a quantity would defeat our object; and it must be remembered that the susceptibility of the system to the remedy varies greatly in different cases—in adult life as well as in the child. It is wise, therefore, to begin with a very moderate dose, lest, unwittingly, we produce an effect the very opposite to that which we desire. The dose can be repeated at intervals of half an hour until the end aimed at is achieved.

A fear is often expressed of establishing an "opium habit" if this form of sedative is used for a long time; and to this fear may possibly be ascribed the neglect into which this invaluable drug is beginning to fail. But if proper care is taken the danger is surely a fanciful one. When the remedy ceases to be required it should be withdrawn as quickly as possible; and with the exercise of care there is little difficulty about leaving it off, even if the drug has been continued for a period of months. The assumed difficulty arises from the extreme irritability of the nervous system which follows the sudden omission of the usual sedative dose. This is sometimes distressing in the extreme, and many a victim to the drug although profoundly anxious to free himself from its thraldom, has shrunk from provoking the suffering which he well knows the struggle for liberty will entail. This suffering may be avoided if the dose is gradually reduced until the quantity taken is very small. If then it is withheld altogether, the nervous unrest which ensues is moderate enough to be readily controllable by a few doses of tincture of gelsemium. —Smith in The British Medical Journal.

Narcosis and Lecithin.

At present the most generally accepted theory concerning the action of narcotics is that they are taken up by the lipoid substances of the brain, with which they form a solution. If the blood be examined during narcosis, it will be found that there is a considerable increase in fat, which is probably Nature's method of keeping the poison away from the vital organs. Nerking has tried to paralyze the toxic action of the narcotic by means of intravenous injections of lecithin. Rabbits can be narcotized easily by means of intravenous injections of urethane, but if the same amount is injected with a one per cent. lecithin emulsion the urethane will lose its action, as it combines with the lecithin, and thus will not reach the lipoids of the brain. The same results were obtained with ether, chloroform, morphine, morphine-scopolamine, chloral hydrate, novocaine, and stovaine in dogs, rabbits and rats. The lecithin shortens the anæsthesia and diminishes the after-effects, hence it is recommended that it also be tried on man.—Muench. med. Woch.

Fibrolysin in Ankylosis.

Knotz has tried this drug in ankylosed joints secondary to rheumatic affections. The patients received no other treatment except hygienic and dietetic measures and warm sulphur baths, with later, active and passive movements. Several patients felt slightly exhausted on the day of injection, but objective symptoms were not found. The single dose was 2.3 cubic centimeters subcutaneously; in one case 6.9 cubic centimeters and the following day 4.6 cubic centimeters were given without untoward effects. The largest total amount was 117.3 cubic centimeters. One patient, aged thi

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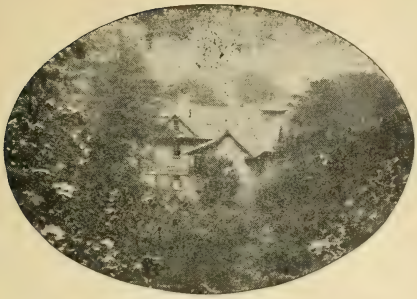

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teen, received 41.4 cubic centimeters, and another, aged seventy, received 20.7 cubic centimeters. Both were suffering from pronounced vitium cordis. The only disagreeable symptom resulting was a slight inflammatory reaction at the site of injection, which rapidly disappeared with moist dressings. The results in general were very good, especially where the ankylosis was due to the presence of extra-articular connective tissue. Less improvement was seen in the presence of pus and where the etiology of the joint condition was gonorrhœa. It is also probable that with actual ossification little good will result from the use of fibrolysin.—Med. Klinik.

Pituitary Extract in Prophylaxis of Post-Operative Shock.

In three cases the writer injected 1 cubic centimeter of a 20 per cent. solution of the posterior lobe of the pituitary body intramuscularly into the patient's arm before the patient had fully recovered from the anæsthetic. The effect was almost immediate, and the almost imperceptible pulse soon became large and bounding. This effect lasted from 12 to 16 hours, and gradually passed off. Not only did the pulse become larger in expansion, but it was also slowed, and whereas it had been irregular it became regular. This effect seems due not only to the action of the drug on the blood vessels, but also on the heart. The injection was given in conjunction with normal saline by rectum.—Wray, in The British Medical Journal.

Scopolamine-Morphine Narcosis During Labor.

Two important papers on this subject have appeared during the past year, one by Sir Halliday Croom and one read at the International Medical Congress by Professor Kronig. The latter, in considering the utility of scopolamine for producing drowsiness during labor, said that in women who were sensitive or of nervous temperament or neurasthenic a tedious and painful labor often brought about long-continued and not unimportant states of nervous exhaustion. In those cases it was desirable to reduce the woman's suffering to a minimum by a method which was not injurious to either her or the child. Since Steirbuchel had recommended the scopolamine-morphine treatment for this purpose, Dr. Gauss has been working in Dr. Kronig's clinic with specially introduced systems of testing the state of unconsciousness at any given time, and has greatly improved the methods for the production of the narcosis in question. On the basis of a clinical material amounting at the present time to 2,000 deliveries, it might be stated that the production of drowsiness by scopolamine was free from danger to both mother and child, and accomplished the object in view by either completely abolishing or else reducing to a minimum the pains of parturition.

Sir Halliday Croom read a paper before the Edinburgh Obstetrical Society on his experience of scopolamine-morphine narcosis during labor. He gave the results of its action on 63 cases in private and in hospital. He believed the best dose was 1-100 grn. of scopolamine and ⅙ grn. of morphine, and he usually administered it toward the end of the first stage of labor, when the pains were coming regularly every few minutes. Occasionally a second dose of scopolamine of 1 200 grn. was necessary, but he found it advisable not to repeat the morphine. With these doses the pain of the uterine contractions was markedly diminished and in some cases abolished altogether, and the patients slept soundly in the intervals between the pains and after the completion of labor. Further, the memory of the pains was in most cases strikingly blurred, and many of the patients awoke with no recollection whatever of them. He had found no ill effects from the drugs upon the mother, except a little tendency to post-partum hemorrhage, but occasionally the children were born sleepy and required to be revived. In no case was the child's condition serious, and none were still-born. He believed that the treatment was most suited for nervous primiparæ, and particularly in private practice, but emphasized the necessity of using the drug in a freshly prepared form.

In the discussion on Kronig's paper, Gauss admitted that investigations made by him with Holzbach proved that the secretions, and especially the urine, of the children born after such narcosis contained scopolamine. The children are often born in a condition of oligopnea with some pallor, and lie quite still with limbs which, though relaxed, respond to stimulation. The oligopnea rapidly passes off, and this method of inducing narcosis does not, according to him, increase the number of still-births nor the infantile mortality during the early days or during the first year of life. The method is not one to be used indiscriminately, and the patients should be under the care of, and closely watched by, a competent physician.—The London Lancet.

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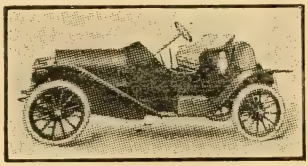

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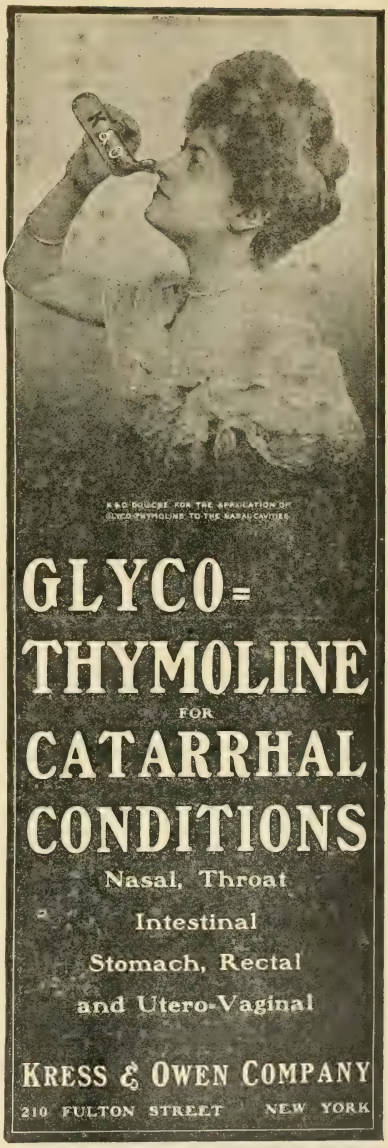
Kirmesson remarks on the two great groups of surgical affections that are frequent in childhood and infancy, the affections of the locomotor apparatus and the congenital deformities, such as hare-lip, spina bifida, club-foot, and imperforate anus. Many forms of suppuration are also frequent in infants, such as suppurations of the umbilicus, erysipelas, and skin affections. Among children under five years of age dislocations are rare, while after that age we see them of the hip and wrist. In infants we get fracture of the femoral diaphysis from slight causes, and fractures of the leg and arm are rare. In early infancy the epiphysis is elastic and cartilagenous, and yields to violence; in childhood and adolescence are seen most of the traumatisms of the epiphysis. Iavagination of the intestine is peculiar to infants, appendicitis occurs only later in childhood. Hernia is strangulated only in later childhood, most obstructions in babies being spasmodic and relieved by chloroform. Over five years osteomyelitis involves the tibia; under it the lower end of the femur. Tuberculosis in infants involves a single point; later it may be multiple or general. So we see that each age has its favorite diseases and locations for pathological lesions and accidents.—Le Bulletin Medical.

Contagion of Tuberculosis by Dry Dust.

Le Noir and Camus have made interesting experiments to ascertain the infective value of bacilli contained in dry dust of sputum. The opinion derived from researches made by various authors has led to very great difference of opinion on this subject, some thinking that only wet sputum was dangerous, others that the breathing of particles of dry dust from rooms where tuberculous patients have lived was equally dangerous. The authors took a single tuberculous ward in the Hospital St. Antoine as the place of experiment, and here they placed three colonies of guinea-pigs in different locations. One entirely unprotected was placed on the floor; another, protected by wire netting, so that it could not be touched by the patient, was also placed on the floor; a third was placed just under the ceiling, and was fed from a ladder. Of the entire number of animals used in the experiment, ten in all, four were infected, the lesions being abdominal. The authors believe that the danger from tuberculosis of dried dust in the air is indisputable. The hospital conditions of tuberculous patients are very imperfect, and although there is little danger in the contact for a few minutes or hours with these patients, to live with them is not without danger. They are also a source of danger of reinfection to one another. The danger is still greater in the homes of the poor, where hygienic measures are wanting, than in a properly conducted hospital.—La Presse Medicale.

Aqua Tofana.

The famous or infamous aqua tofana was a solution of arsenic in aqua cymbalariac (ivy-leaved toadflax). It is believed to have been invented by Teofania de Adamo, who was executed about 1635 at Palermo, but was employed by Giulia Tofana, who gave her name to it; she came from Palermo to Rome, and died there in 1651, leaving the secret to a friend, Girolama Spara, who also migrated from Palermo to Rome, where she was hanged in 1659. A third Tofana was executed in Naples in 1730, after having committed 600 murders! The practice of arsenic eating, the existence of which has been discredited, is here described, and a case is quoted of the director of an arsenic factory, who had acquired the habit and took as much as 20 grains of coarse powdered arsenic daily. Wishing to give it up, he abruptly broke off the habit, with the consequences that he was seized with severe gastric pain and diarrhœa, followed by collapse and death! Arsenic eaters are met with in several parts of Germany, in Russia, and in the United States, where they are



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known as "dippers." Buchner is quoted as authority for the statement that in certain girls' schools arsenic is given regularly in the food under medical supervision, in order to improve the complexion and the hair and to cause plumpness.—British Medical Journal.

Calomel in Asthma.

Living in a small fishing town where asthma is rather prevalent, Cecil B. F. Tivy writes that he has been much impressed by the beneficial effects of a dose of calomel as a curative for the attacks of this distressing malady. His patients have been mostly women, and of varying ages, and the attacks present the usual features in varying degrees of severity.

He prescribes a powder of calomel, ½ to 2 grn., according to the habit of the patient, accompanied, of course, by some of the usual antispasmodic remedies, and his experience is that relief is rapidly obtained, even before purgation takes place.

Other cathartic drugs do not seem to have the same effect or certainly not so rapidly, and the ease with which the powder or tablet is taken is an important factor.—British Medical Journal.

Transoceanic Emigration for 1908.

Rosati gives statistics for the emigration from Italy in the year 1908. He shows that the emigrants come to the ports from country districts, with carelessness of hygiene, crowding, and poor food. The trains move very slowly, and men, women and children are crowded into old and dirty cars with their luggage. He remarks the repugnance of the Italian peasant to the use of water, and says that it is impossible to get him to use it before he goes upon the steamship, where he is again restricted to small quarters. Trachoma is very frequent, and he states that in most neglected cases it ends in blindness. Skin diseases of parasitic type are naturally frequent among them. Contagious diseases of childhold, and tuberculosis, are also present. The food that they can obtain from the railroad eating houses is of poor quality, and, combined with lack of hygiene and of toilet facilities along the route, leave many of the emigrants in poor condition before they begin their voyage. When they return from a voage to South America they bring with them the disease of tropical countries, ankylostomiasis being frequent, as well as malaria. Many consumptives also come home to die. Trachoma is largely caused by dirt and ignorance, and education in this matter is most important, especially in cleanliness. There is need of small pavillions, where these diseases can be cared for and isolated, with simple surroundings such as these people are used to, but with good hygiene and sanitation. Large and costly buildings would be out of place; good medical treatment is a necessity. When the law proving for better quarters for emigrants on the steamers was first put into effect the resistance on the part of the steamship companies and other interests to its enforcement was very great. Now this is changed, and some of those who resisted most at first are now most anxious to carry it out.—Annali di Medicina Navale e Coloniale.

Cuneiform Lacunae or Erosions Called "Chemical" of the Teeth, a Manifestation of Abortive Mercurial Stomatitis.

Milan describes certain erosions, or ivory ulcerations occurring in syphilitic patients under the influence of mercurial injections. While the mercurial treatment is going on, the patient bocomes sensible of pain on breathing cold air, drinking cold or hot liquids or similar actions, which increases with the treatment and stops when the mercury is no longer used. Examination shows that there are grooves on the teeth from side to side, in which the ivory is absent, the sensitive portion of the tooth being exposed along the edge of the gums. The bottom of the cavity is white, shining, hard, and polished; it is triangular in shape and different in appearance from caries. The front teeth are more frequently involved tfian the others, and the labial surface than the other faces. The persons attacked by this lesion are adults from 20 to 50 years of age, and in good health. Various theories have been evolved to account for this lesion; that of chemical action and of too severe brushing of the teeth are given. The author describes a case which conclusively shows that the condition occurs under the influence of mercury and ceases when its administration is stopped. The author believes that it occurs in persons who use good hygiene, and takes the plaee of the ordinary stomatitis of dirty people. Preventive treatment consists in frequent brushing, and careful administration of mercury, stopping when tenderness of the teeth appears.—Le Progres Medical.

Dusty Floors and Infection in Scarlet Fever.

A meical correspondent of the Scotsman draws attention to the necessity for the regular disinfection of school-room floors as a preventive of infection from scarlet fever, for while such disinfection is possibly pow-

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erless to prevent a certain amount of direct infection by a child who has returned to school presumably free from infection, but still retaining it in the nose and throat passages, it would prevent the probably much larger amount of infection which is spread through the inhalation of the infectious dust of the school room floor.—British Journal of Nursing.

The Treatment of Trigeminal Neuralgia.

The treatment of this disease by Schlosser's method apparently produces many good results. The essence of the technique is to inject a solution of alcohol into the affected branch of the nerve by means of a hypodermic needle and syringe.

There is apt to be a little local pain for the time being; this is followed by anæsthesia which may last for a considerable time. If the pain should return owing to the regeneration of the nerve fibres, the procedure may be repeated. One formula for the fluid to be injected is as follows: Cocaine hydrochloride, 2 grains; chloroform, 10 mms.; absolute alcohol, 3 drahms; distilled water, ½ oz. Of this solution 2 cubic centimetres are injected at a time. If a single injection relieves pain, well and good; if not, then the injection may be repeated after a couple of days; and if not by then, it may be given yet a third time at a corresponding interval.—The London Hospital.

Diet and Disease.

Dr. Robert Bell, in a recent lecture to the Psycho-Therapeutic Society, at the Baxton Hall, Westminister, said that man, by his absurd diet, courted disease. He loaded his stomach with food that had been deprived of most of its nutritive value. To obtain sufficient nourishment he had to eat too much, and a great proportion of the ingested matter underwent rapid decomposition of the most noxious kind, giving rise to virulent toxins which exerted a most pernicious influence on health. When he commenced his medical career, cancer was not nearly so prevalent as today. Then, however, there was not nearly so much flesh meat eaten as now. Products of the vegetable kingdom, together wilth milk, eggs, and cheese, were ideal foods. Fruits and seeds contained radio-active elements when uncooked. These foods when ripe—that is, sufficiently cooked by the sun—should constitute our staple diet. When cooked, their vital and vivifying constituent was nullified. He had known more than one instance of habitual drunkenness completely cured by abstinence from flesh food."—British Health Review.

Lumbar Puncture in Injuries of the Head.

Savy has treated a woman, 43 years of age, who fell from a second-story window. Sub-conjunctival ecchymosis suggested the possibility of a fracture of the base of the skull, but no operation was attempted, as the patient rapidly recovered. About three months later the patient complained of stiffness of the legs with persistent headache and in the course of a few weeks other symptoms indicating a meningeal process developed, and the patient complained of pain along the sciatic nerves. Drop by drop of blackish blood escaped by lumbar puncture and improvement soon followed the second and third lumbar puncture. About 40 cubic centimeters in all of the bloody effusion was evacuated, and the symptoms gradually subsided to complete recovery by the end of a month. The long interval of latency, the possibility of evacuating the blood at this late date, the rapid improvement and final recovery, all emphasize the importance of lumbar puncture in case of injury to the skull. He thinks that the extravasated blood did not cause the symptoms so much compression as by the toxic action of the decomposing blood.—Lyon Chirurgical.

Simplified Method of Estimation of the Fats in Milk.

Rapisarda has modified the method of estimating the fats in milk, so as to make the apparatus compact enough to be carried in a moderate sized box. He uses the method of Gaertner, eliminating centrifugation, and using milk heated to 70° C. He tested milk of goats, cows, and asses, as well as human milk. The test must be carried out for an hour and a half to be reliable. All that is necessary is simple apparatus, consisting of a thermometer, a graduated pipette, two Gartner tubes, and bottles containing the sulphuric acid and amylic alcohol. Having got the analysis of the fats, it is not difficult to estimate the other constituents of the milk.—Rivista di Clinica Pediatrica.

The Wasserman Reaction in Leprosy.

Alberto Serra gives the results of his experiments on the Wasserman reaction, as applied to leprosy. He made the tests in seventeen lepers, eight of mixed type, six of tubercular leprosy, and three of leprosy of the nerves. The test was positive in all cases except in nerve leprosy pure and simple. He believes that the serum of lepers has a marked affiinity for the extract of the lepromas, which speaks for the specific nature of the test. The completeness of the test varies with the greater or less florid

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condition of the disease. As the disease declines in acuteness, as in syphilis of the nerves and late tubercular leprosy, the test is less evident.—Il Policlinico.

Has the Fat of Foods an Effect on the Mother's Milk?

Malagodi finds a great difference in opinion as to the effect on the fats of human milk corresponding with changes and increase of the fats in ingested foods. After experiments made by him on patients in the obstetric clinic at Bologna, the milk having been carefully analyzed, he gives his conclusions. In only one of his cases was there any increase in the amount of fat in the milk with an increase of fats in the foods. A decrease of fat in the food produced a decrease of fats in the milk. But there was an important change in the quality of the milk, which could be noted in the color and the density of the fat in the milk. This will account for some of the attacks of dyspepsia in infants with a change in the food of the mother, or the taking of unaccustomed foods.—Rivista di Clinica Pediatrica.

The Value of the Stomach Bowel Test as a Sign of Respiration.

Hobohm gives a critical review of the literature relating to the Breslau test, and arrives at the following conclusion—Distension of the stomach and first part of the small intestine may always be regarded as evidence of life whether the body be fresh or decomposing. Cases of possible intrar uterine respiration have no medico-legal importance. In order that air may penetrate down to the intestine it is necessary that the infant should not die immediately after birth. Distension of the stomach alone, with air, is strong evidence of live birth, if intra-uterine respiration and artificial inflation can be excluded.

A few bubbles of air in the stomach, without distension and buoyancy of the organ and when placed in water, should not be regarded as evidence of respiration. The gases of putrefaction do not give rise to uniform distension of the lumen. The absence of air in the stomach is of no value as negative evidence of respiration in cases in which the lung test is positive.—Vierteljahrsch. f. Gericht. Med.

Operations for Suppurating Sinuses.

Buklin, in studying a case in which the bone comprising the wall between the frontal and ethmoidal sinus was exfoliated into the nose, arrived at the following conclusion: (1) In this case the wall having sloughed out, owing to ethmoid inflammation, the frontal and ethmoidal sinuses become one large cavity, which completely cured the disease. (2) Successful operations have been performed on the ethmoidal and frontal sinuses in an effort to imitate their suppurative process. Hartmann's forceps were used by a method described in the article. The cures resulting from the uniting of the two sinuses are always permanent and without annoying complications. One cut usually suffices to make the opening large enough, but the latter may be enlarged to meet the requirements. Suppuration in the frontal sinus usually originates in the ethmoidal sinus. (3) Should the inflammatory thickening, or other cause, make the operation with the Hartmann forceps impossible or too dangerous, the "sphenoidal chisel" may be used: this is more rapid and certain, but more than the first-named operation. The two operations are commended as being less dangerous than the exterior operation on the ethmoidal and frontal sinuses. If the post-operative progress is not good, potassium iodide in increasing doses should be given. In discussing the operation on the sphenoidal sinus, Buklin describes the "sphenoidal chisel" and the method of using it. This procedure is an improvement on the usual sphenoidal operation in that the instrument is placed before there is any bleeding, and, after placing it, it is not necessary to look into the nose. He says that the chisel offers the best, quickest, and safest method of performing the operation of opening the sphenoidal sinus without annoying complication. In these cases the failure of cure indicates the administration of the bodies.—Archiv. fur Laryngologie.

Suprarenal Insufficiency in Acute Infections.

Morichau-Beauchant remarks that researches of the last few years have enabled us to refer to a functional disturbance of the suprarenal capsules a certain number of pathologic conditions which were hitherto indeterminate. In particular, it has recently been demonstrated that a syndrome occurring in the course of the acute infections, and which had hitherto been attributed to other causes, really arises from an insufficiency of the suprarenal glands. Familiarity with this syndrome is of the highest importance in practice, for in such cases, with very rapid development, the clinician who understands the condition may be able to obtain by means of glandular therapy (opotherapy) results which are at times little short of marvelous. Lesions of the suprarenal capsules may be observed clinically in the course of any acute infection, certain of these infections, however, appear to show a definite predilection for the suprarenal which seems to be accompanied very frequently by insufficiency of the gland. Next come the eruptive fevers. Hutinel has recently reported a good example of suprarenal insufficiency occuring in a case of scarlatina, and he and others consider that it is probably to this condition that we must attribute the fulminating accidents which so often occur in the course of that disease. In variola, disturbances of the capsules are probably responsible for many of the symptoms ordinarily explained as due to a myocarditis. In typhoid fever suprarenal insufficiency is frequent: we have then to do with the so-called cardiac forms, with feeble pulse, prostration, tendency to syncope, and sometimes sudden death. The symptoms of infectious suprarenalitis have only recently been studied, and some authors have doubted the possibility of diagnosing the condition. Morichau-Beauchant, however, considers that this possibility has been satisfactorily demonstrated. The most important symptom is asthenia, which may be as marked as that of advanced Addison's disease, and may arise in the course of a few hours. There is a considerable fall in the arterial pressure, even as low as, or lower, than 90 mm. of mercury. The heart beats become rapid, 120 or 140, are of poor quality and at times irregular, and the pulse small. There is a tendency to vertigo and syncope. Sergent has described under the name of "suprarenal white line" a sign which he considers very nearly pathognomonic of insufficiency of the capsules. It should be sought for early in the attack on the skin of the abdomen, and no appreciable pressure should be used. It is sufficient to draw the finger or a soft object rapidly and superficially across the surface of the skin. The line appears at the end of 30 to 60 seconds, and persists for a period of from two to five minutes in the shape of a strip always broader than the diameter of the body which gave rise to it. Other less constant and distinctive symptoms are described, such as gastro-intestinal disturbances, nausea, vomiting, diarrhea, and sharp pains in the flanks and the upper part of the abdomen. The treatment necessarily consists of the administration of the suprarenal gland in one form or another. The dried extract may be given in a dosage of about fifteen grains daily, keeping the

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stomach and pulse under observation, and persisting for 10 to 12 days. Or adrenalin may be given by the mouth in as high a dosage as from 45 to 60 minims of a 1:1000 solution. Another method is to add 15 minims of a 1:1000 solution of adrenalin to 250 or 5000 cc. of serum, at once injecting the mixture under the skin; absorption proceeds very slowly, which is in itself a great advantage, but unfortunately there is a good deal of local pain until the swelling disappears.—Progres Medical.

Late Hereditary Syphilis.

In the opinion of M. Poulard the distinctions so sharply established between acquired and hereditary syphilis are in process of losing their exaggerated precision. He cites two cases in illustration of his point of view. The first is that of a woman of 50 years, who had a large broken-down gumma of the right frontal bone. The second case was sister to the first, a woman of 36 years, who had had in her childhood an osteitis of the calcaneum and an osteitis of the right inferior maxillary bone; at the time of examination she presented perfectly characteristic signs of tabes. Family and personal history of syphilis in these two cases was absolutely negative, but details of the earlier clinical history of the second case convinced Poulard that both the tabes and the frontal gumma were examples of late hereditary syphilis. Poulard remarks that it is easy to find a number of cases of this class, and that we are bound to admit that there are scarcely any lesions of acquired syphilis which may not also origiuate in the hereditary disease.—Progres Medical.

Treatment of Dupuytren's Contracture by Excision Without Suture.

Routier explains the frequent relapses after surgical operation for the cure of this condition as due to the sutures employed to hold the skin fragments in place. He has, therefore, devised a method of excision without suture. An incision, begun over the densest part of the contracted palmar fascia, is carried towards the ulnar side of the hand at its junction with the wrist, reaching to 2 cm. above the fibrous induration, and downwards on to each finger involved, branching into a V on each finger. The skin is then dissected free from the palm of the hand and from the root of the fingers; this cannot be done without lacer-

ating the skin in several places, on account of the close association between skin and fascia. The "fibroma" having been well exposed, all tisue which is hard or feels tense to the finger of the operator, in the palm and on the fingers, is resected. Satisfactory hemostasis having been secured, the skin fragments are allowed, without suture, to fall into place. An aseptic compress, folded several times, is applied snugly, and the hand is dressed in complete extension. As soon as cicatrization has been obtained (in not more than a fortnight), the hand and fingers are to be mobilized in order to avoid ankylosis. Massage should be begun and used at first cautiously, later more freely. This treatment should be kept up for a long time, in order to soften the cicatrix and the skin of the palm.—Progres Medical.

Potassium Permanganate Crystals as a Local Caustic.

Finck says that the caustic action of potassium permanganate upon tissue is due to two factors, the liberation of nascent oxygen and the formation at the same time of potassium hydroxide, The destruction products of the salt are not poisonous and its caustic action is slow and steady. The author has found that application of the dry powdered crystals in excess makes an ideal means of destroying certain pathalogical tissues as it eats away the abnormal tissue but does not effect the healthy. His method of application is as follows: He takes a piece of adhesive plaster somewhat larger than the lesion to be treated. In this he makes a hole of such a size and shape that the lesion in the skin and a very small strip of healthy skin around it are visible through the opening. This plaster he applies to the skin around the lesion. On top of this he places from five to fifteen similarly cut pieces of plaster, thus making a wall above the lesion. This well is filled to the top with finely powdered potassium permanganate crystals. Over the whole he applies an unperforated piece of adhesive plaster as a cover. Over this he puts a bandage. If the condition being treated is an ulcer, as for example lupus, it is completely destroyed in forty-eight hours. On removing the plaster there is found a dirty purulent detritis, which is washed away. In place of the ulcer there remains a more or less deep crater-like hole whose base is covered with a black mass of manganese dioride and a yellow eschar. The borders of the wound are clean cut, and the surrounding tissue is neither swollen nor reddened. If the skin is normal a drop of water is added to the permanganate and the plaster is left in place from four to six days. The destructive process goes on either without pain or with but a slight burning, the latter especially when applied to the normal skin. The after-treatment is simple. The wound is dressed dry or with an ointment. The next day vigorous granulations appear, which replace the eschar and in a few days fill the hole. The scar is smooth and contracts or hypertrophies but little. The method may therefore be used on the face. It may be applied to any lesion of any size or depth. The author has used it especially for chancroids, fungus, granuloma, decubitus, ulcus cruris, angioma, cavernosum, keloid, and carbucles. It is also indicated in small tumors of the face, nevi, angiomata, lipomata, papillomata, etc, If the tumor is subcutaneous, the hole in the plaster must be made smaller than the apparent size of the tumor. Children's skin is attacked most easily; that of the extensor surfaces of adults resists most. The author also uses potassium permanganate crystals in tuberculous bone and joint fistulæ. He has tube 6 mm. in diameter and 5 to 10 cm. long with a funnel shaped top and plunger. This is inserted into the fistula to the bone, and with the plunger the wound is tightly packed with powdered permanganate, slowly withdrawing the tube as the packing is done. There is on occasion severe pain which lasts in the neighborhood of one hour. After one to two days the mass begins to be discharged, often with it coming bits of blackened sequestrium. This treatment often results not only in the closing of the fistula, but in the healing of the tuberculous process. If healing does not occur after one treatment the process is repeated. The method is contraindicated in fresh fistulæ with abundant secretion and in fistulæ close to large vessels and nerves.—Deutsche medizinische Wochenschrift.

Treatment of Quinsy.

The frequency of suppurative amygdalitis in every-day practice causes it to be a disease whose management is a matter of no small importance. Attempts to check its progress are usually futile, unless resorted to very early in the course of the attack. Such abortive measures consist in the administration of guaiacum, salicylates, etc., the use of throat paints, a brisk purge, and the external application of cold compresses. With regard to internal remedies a combination of aspirin and solol, five grains of each every two hours. is most useful. Cold compresses in the early stages are of more value and give greater relief than poulticing. Surgical measures hold a high place in the treatment of quinsy, and the importance of early incision can scarcely be too strongly advocated, the mucous membrane

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being alone incised, and the operation completed by the use of Lister's sinus forceps. Occasionally the supratonsillar incision must be carried through the anterior pillar in order to secure free drainage. The question of tracheotomy seldom arises, though œdema glottids has been reported by Mygind, of Copenhagen, and others. In most cases the œdema of the uvula and epiglottis rapidly subsides as soon as the supratonsillar swelling has been opened.

Inhalation of steam from a bronchitis kettle often affords the patient great relief. Compound tincture of benzoin may, with advantage, be added to the water. The use of creosote is less beneficial, as it causes a dryness in the throat, which counteracts the otherwise soothing influence of the steam. Spraying the throat with hydrogen peroxide (10 vols.) is a valuable remedy, especially if there is much fœtor or co-existent follicular tonsillitis. Considerable benefit is orten derived from the sucking of small pieces of ice at frequent intervals.

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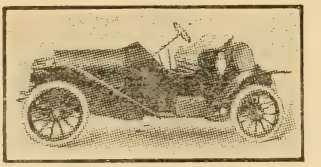

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In virtue of its anæsthetic effect it renders swallowing much less painful, and has, in addition, a direct influence upon the inflammatory process.

Constitutional treatment should never be forgotten. The debilitating effect of an attack of quinsy is well known, and in many cases stimulation is called for. Strychnine may be ministered hypodermically, and small doses of brandy if the patient is able to swallow. A mixture containing strychnine and iron is of considerable value as soon as the acute stage has passed. Nourishing fluid diet, such as eggs, milk, jellies, and clear soups, should be given throughout, and increased as the appetite returns. Serum treatment must be resorted to in those dangerous cases of quinsy which tend to assume a septicæmic aspect.—Guthrie, Glasgow Medical Journal.

Reduction of Membership Dues by the American Medical Association.

We learn from an announcement in the Journal of the American Medical Association that the dues for membership in the association have been reduced from five dollars to one dollar per annum. The announcent reads: "The annual assessment for membership shall be one dollar; and the subscription price of The Journal shall be four dollars for members." There has been much complaint by members that they have received no benefit from the enormous financial success of the association, and they will be pleased to learn that the officials have at last decided to let them share in the prosperity of their organization. The new rule will also no doubt result in a large increase in membership, for with the reduction of dues to one dollar many who have hitherto held aloof because of the heavy assessment, may now be induced to join the society.—Medical Record.

Good! So far this is real good news. But, we want to add that no new member should be compelled to join a local society before he is eligible to membership in the A. M. A. We claim that this is all wrong and is an injustice, from the fact that a few members in a local society on account of jealousy, may vote a member out of the society, and he would then be dropped from membership in the A. M. A.

This is nothing more than a case of medical politics. The sooner the A. M. A. purges itself of politics, the better it will be for the rank and file. You take politics out of the A. M. A. and the association will soon have a membership of 100,000, provided, however, that you do not compel members to join the local society first.—The American Medical Compend.

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Owned and personallyconducted by Dr. Stuart McGuire for the exclusive use of his private patients.

Building erected for the purpose to which it is devoted, and combines the comforts of a home with the conveniences of a modern sanatorium.

Location in residential section convenient to all parts of the city by means of the street car service.

Capacity for sixty patients, single and double bed rooms, No wards.

Designed especially for surgical and gynecological cases. No contagious diseases, insane or colored patients received.

Cost of bed, board and general nursing from $14 to $18 per week For further inforr ation, address the Secretary.

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A Private Hospital for the Treatment of Nervous and Mental Diseases, Inebriety and Drug Habits

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LOUIS G. BEALL, M. D.

Both Medical Officers reside in the SANATORIUM and devote their whole time to its service. New addition just completed admits of thorough classification of patients, and gives better facilities for the care of all. Billiards, Tennis and other diverting amusements.

Complete equipment for Hydrotherapy now being installed.

Correspondence with physicians solicited.

Treatment of Osteomalacia by Adrenal Extracts.

Leon Bernard believes it necessary to the gaining of a sufficient knowledge of the action of adrenal extracts in osteomalacia that all cases should be reported in which it has been used. He reports a case of osteomalacia in a woman of 38 years of age, who was unable to leave her bed or to move any of her limbs except the left arm, on account of the pain produced and the existing deformities. She had, at the age of sixteen, an attack of the same disease, which was finally recovered from by rest in bed for a year and a half. She had amenorrhea at that time, and improvement began with the return of the menses. She remained well for ten years, at the end of which time she had a renewal of the disease, which brought her to a pitiable condition, sleepless and in constant pain, with marked deformities. Injections were given subcutaneously every two days. After thirty injections, marked improvement began. At the end of 100 injections she was entirely restored to health, could walk, go up and down stairs, and sleep well. Pain was gone and all deformities had passed away. The process had stopped and the bones had cicatrized. As to the cause of this action of adrenalin, the author believes that it is not due to the power of the drug to hold lime in solution in the organism. There seems to be a sort of antagonism between the actions of the ovaries and the suprarenal glands. Probably the curative action is due to opotherapy.—La Presse Medicale.

Epidemic Icterus.

Queirolo has studied an epidemic of icterus which occurred two years ago in Portoferraro, and repeated the observations in a similar epidemic at Piombino. The same conclusions are given as a result of the two different epidemics. Contrary to the affirmation of Chauffard, the malady can be imported and disseminated by the patients. The malady seems to be of telluric origin, the poison arising in hot, damp places where there is an excess of organic materials, is carried about by winds and by the patients themselves. The malady is especially dangerous to pregnant women, ten out of twelve affected having died at Piombino. Death occurred with symptoms of a profound intoxication, with the syndrome of hepatic coma. This poison has an especial action on the liver in women, who during pregnancy have inactive livers, the effect being to paralyze the depurative function of the organ. The renal and liver lesions of acute yellow atrophy are absent at autopsy. In some cases the production of premature labor has been of benefit to the patients in pregnancy.—La Riforma Medica.

Medical Association Journals and the Postal Laws.

Thirteen hundred tons of free medical journals sent annually through the mails at second-class rates, in violation of the law! An important factor in that $17,000,000 deficit.

It is not generally known that the Journal of the American Medical Association and most of the State Medical Association journals, including Texas, are, and for many years have been, violating the postal laws in two essential particulars; but such is a fact. In an official letter from the Acting Third Assistant Postmaster General addressed to a party in South Carolina in reply to inquiries, a copy of which letter is before me, he holds that members of an association who receive the association's journal in consideration of the payment of membership fees or annual dues are not *bona fide* subscribers, as prescribed by the department as a condition precedent to the privilege of second-class mailing rates, and that such journals shall not carry advertisements other than those that relate strictly to the affairs of the association and the purposes of such organization.

The second-class mailing privilege (one cent per pound) having been obtained by the representation that these medical publications have a large *bona fide* subscription list, this savors of misrepresentation and (unintentional) fraud, and it may constitute grounds for action at law, and certainly, warrant for the withdrawal of the privilege of second-class mail. A subscriber is one who orders and pays for a journal—at his discretion—and not a member who has it sent to him in consideration of the payment of dues.

This is a very serious matter, and I call the attention of our Trustees to it. The Journal of the American Medical Association has caught on—or, been caught up with—and is hedging, as I pointed out in the last issue, by separating the subscription to the journal from the membership fee; the latter being now announced at $1 a year, and the subscription to the journal —discretionary—at $4. This must be done by our own Association at the Dallas meeting in May, and I shall introduce a resolution to that effect.

The American Medical Association journal has also been brought to see that all these years it has been carrying advertisements not allowed by the postal laws—automobile ads., and such like, and has doubtless caused to be introduced in Congress a bill to legalize the carrying of such

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For the SKIN and MUCOUS MEMBRANES

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TRADE MARK

When the Pyramids were built, Castor Oil

was an old and well-known Laxative. Its *value* has never been disputed. Its repulsive *taste* is the terror of every child. We have robbed it of its *one* objection.

LAXOL is positively palate-appealing.

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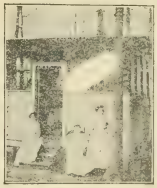

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advertisements. At any rate, Mr. Dodds has introduced such a bill (House Bill 17543, by Dodds, January 10, 1910), and the Journal of the American Medical Association doubtless inspired it. The cap that fits the "Octopus" fits also its tentacles—the State Association journals.

The Acting Third Assistant Postmaster General, after quoting in full the postal laws bearing upon the subject and giving the opinion of the Attorney General of the United States in support of his position and construction, comments as follows:

"In all cases it must appear that it is left to the option of the member whether he will subscribe or not. The subscription must not be forced or made obligatory upon him.

"This law unquestionably contemplates that there shall be as a prerequisite to such entry a public demand for the publication on its merits evidenced by a list of subscribers who desire it and pay for it.

"Many fraternal orders and other similar organizations provide by resolution or by-law that a certain portion of each member's dues, or per capita tax, etc., shall be set aside for the payment of his subscription to some paper which is published by the society or adopted as its official organ.

"At first sight it might appear that a list of such members should be recognized as a 'legitimate list of subscribers,' but upon a careful consideration of this method of securing a subscription list, it is found to be a meeting of the requirements of the act in form rather than in substance, as it is usually the fact that the price of membership, or the amount of dues payable is the same, whether the members desire the publication or not; that is to say, it is not left to the option of a member to receive the publication or not, as he sees fit, and to have his dues increased or decreased accordingly.

"In the last analysis, therefore, the publication is virtually thrown in free as a concomitant of membership, the expense of publishing and circulating the paper merely being paid out of dues accruing from membership in the society. The effect of all this is that the members, being the society, publish a paper and furnish it to themselves free. The society is, therefore, in reality both the publisher and subscriber. Viewed in this light not only does the paper not have a 'legitimate list of subscribers,' but is literally circulated free, and, therefore, comes clearly within the prohibition of the statute.

"The Department has uniformly held that publications containing advertisements in the interests of other persons or concerns, than the society or trades union or institution of learning which the paper represents, are not entitled to the privileges of that Act.

"Considering, therefore, that Congress undoubtedly intended to extend the second-class mailing privileges to certain publications under the conditions above set forth, it is clear that if these publications are to enjoy the second-class mailing privileges under an Act other than the one specially designed for them, the requirements of the alternative Act should be fully met. They certainly can not enjoy the privileges of both acts without the restrictions of either. In this connection two observations may be made:

"1. It is a fact disclosed by answers to many inquiries that but few of the organizations whose publications are entered under the Act of March 3, 1879, and having the 'list of subscribers' based on a by-law or resolution providing for setting aside a portion of the members' dues, are actually abiding by the resolution, but, on the contrary, the monies paid on account of alleged subscriptions enter into the general funds of the organization and the cost of printing and circulating the publication is merely paid therefrom."

"2. It is manifestly an injustice to publishers competing in the same or a similar field and having papers which would be patronized by the members of an organization to be compelled to secure and maintain a list of subscribers based on the drawing power of the paper as such, whereas the competing organization papers' list of subscribers is composed of members who were drafted in under a by-law of the organization and receive the paper as one of the benefits of membership, and not on account of voluntary subscription. Publishers of other papers have entered complaints asserting that people will not pay for that which they receive free. Consequently, those receiving a paper through the medium of membership in a society are not disposed to pay for some other paper in the same field."

* * * * * *

President Taft calls the attention of Congress to the statement of the Postmaster General that the second-class mail falls short $17,500,000 of paying expenses. The Third Assistant Postmaster General recommends very drastic measures to be applied to the small medical and other journals, such as limiting sample copies to 10 per cent. of issue, and refusing mail to copies sent to all subscribers who do not renew and prepay their subscriptions within four months after expiration of same. And yet he permits tons upon tons of medical journals to be sent at second-class rates, in violation of the law as interpreted by himself, backed by the opinion of the Attorney

OPEN LETTER

Dear Doctor:

If you are not already familiar with our preparation Resinol Ointment we urge you to give it a trial in some one of your troublesome cases of skin affections. This Ointment possesses merit of which you will find it very serviceable on the numerous occasions when you need just such a reliable medicament.

Resinol is a product of improved and elegant pharmacy, and not to be considered in the same category as the old-time sticky and offensive ointments. Its qualities are such that there are few, if in your affections that are not benefitted by its applications, and, if in your judgment some special medication is indicated, it can readily be added to your prescription. for everything that is commonly prescribed in ointments can be incorporated with Resinol without fear of incompatibility. This Ointment, so decidedly bland, soothing and non-irritating, is of inestimable value in skin troubles where it is absolutely essential that irritation be subdued and its sedative and antipruric action is manifested immediately.

Remember that skin troubles are aggravated and their cure retarded by the use of impure soaps, This can be avoided and satisfactory results obtained by prescribing Resinol Soap to be used in all cases. It is an absolutely neutral, non-irritating and harmless antiseptic and germicidal soap. It is especially designed and adapted for bathing infants, and if used with the first bath, and regularly thereafter, skin troubles, chafing, milk crust, etc., would seldom, or never make their appearance.

Resinol (Medi ated) Shaving Stick contains the healing and antiseptic virtues that this soap produces is so thick, creamy and soothing that the irritation, incident to close shaving. is entirely overcome.

Your request on a postal card addressed to us will bring you samples of these products, and hoping that you will give us an early opportuuity to serve you, we are,

Yours very truly,

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General of the United States. For twenty-five years and more the Journal of the American Medical Association has been sending copies to its members in consideration of payment of their dues, and carrying advertisements outlawed by said opinion. In twenty-three States the Medical Association issues a monthly journal which is sent free to its members—in violation of the law as pointed out above. The Journal of the American Medical Association sends 50,000 copies each week, averaging, say, half pound. That is, 52 weeks in a year, equals 2,600,000 copies, or six hundred and fifty tons of mail that should pay postage. It is safe to estimate the output of the twenty-three State journals at about the same. This would make thirteen hundred tons a year. The Dodds bill, if passed, would legalize and make permanent this burden on the mail—as to the advertisements. The Third Assistant Postmaster General has, in effect, put up the bars against the pigs, and left ten panels of fence down for the hogs and cattle. To give the State and National journals such advantage over the journals having a paid subscription list is a discrimination ruinous to the smaller publications, for as the Postmaster General says, "a man will not pay for that which he gets free." It is tantamount to a combination in restraint of trade, inasmuch as it creates a monopoly for the favored journals, and destroys competition and destroys the independent journals. The Texas Medical Journal, now in the twenty-fifth year of sustained patronage and usefulness, protests against such an unjust discrimination. —The Nashville Journal of Medicine and Surgery.

The Choice of Incision for the Removal of Large Renal Tumors.

In the vast majority of cases of nephrectomy an extra-peritoneal operation is to be preferred to one in which the peritoneal cavity is opened. The incision adopted for the removal of large tumors of the kidney must fulfill two requirements; firstly, it must give free exposure of the growth, and secondly, it must give direct and easy access to the renal pedicle which is frequently very short and deeply situated. The best incision to employ in such cases, according to de Beule (Ann. de la Soc. Belge de Chir., January, 1910), is a rectangular one, composed of an anterior vertical incision along the outer border of the rectus muscle, and from the upper end of this a horizontal incision running transversely outwards to the loin. A triangular flap is thus turned downwards and outwards, the peritoneum being carefully detached inwards from its deep surface. The peritoneum with the colon is then separated from the anterior surface of the kidney and the renal pedicle freely exposed. The writer considers that the access gained by this method is much superior to that obtained by Konig's rectangular incision where the vertical limb is in the loin, and maintains that the H-shaped incision introduced by Bardenheuer is seldom if ever required.—Edinburgh Medical Journal.

Arthrodesis.

The operation should never be performed on children under eight years, not until all deformity has been corrected by wrench and tenotomy. It must not be performed if any hope exists of muscular recovery. It should be planned so as to avoid injury of epiphysis and so that the bones lie in good apposition. Splints should be worn until consolidation is complete.—Dr. R. Jones, Liverpool.

Pituitary Extract in Prophylaxis of Post-operative Shock.

In three cases the writer injected 1 cubic centimeter of a 20 per cent. solution of the posterior lobe of the pituitary body intramuscularly into the patient's arm before the patient had fully recovered from the anæsthetic. The effect was almost immediate, and the almost imperceptible pulse soon became large and bounding. This effect lasted from 12 to 16 hours, and gradually passed off. Not only did the pulse become larger in expansion, but it was also slowed, and whereas it had been irregular it became regular. This effect seems due not only to the action of the drug on the blood vessels, but also on the heart. The injection was given in conjunction with normal saline by rectum.—Wray, in British Medical Journal.

Treatment of Uric Acid.

All the uric acid solvents, so much vaunted, appear to be equally useless for that special purpose; but the writer believes that salines have their value, if given with discrimination, for facilitating the excreting power of the several abdominal glands. And in this way water is probably one of the best remedies, but even drinking water, if excessive, is not to be indulged in with impunity. In the author's opinion, the late Sir William Roberts's simple prescription of half a drachm of potassium bicarbonate in a tumbler of water at bedtime, to stem the nightly acid tide is, on the whole, one of the most useful recommendations, apart from tonics, cures at watering places, and change of scene and air.—Goodhart in The London Practitioner.

Oral Hygiene.

A national campaign on oral hygiene was

opened in Cleveland, March 18, under the auspices of a committee of the National Dental Association, and at the instance of President Taft Passed Assistant Surgeon C. W. Wille, of Public Health and Marine Hospital Service, was detailed to attend the meeting in a representative capacity. The attendance upon the afternoon and evening meetings numbered 4,000, showing a widespread popular interest in the movement. More than one hundred visiting dentists, representing many States of the Union, attended the opening of this campaign.—Public Health Reports.

The Taylor County Medical Society of Texas at a regular meeting held April 5, 1910; elected the following officers: President, Dr. F. E. Haynes; Vice-President, Dr. C. T. Scott; Secretary-Treasurer, Dr. M. M. Carrick of the State Epileptic Colony.

Dr. Robert L. Gibbon, of Charlotte, N. C., has limited his practice to Surgery and Gynecology.

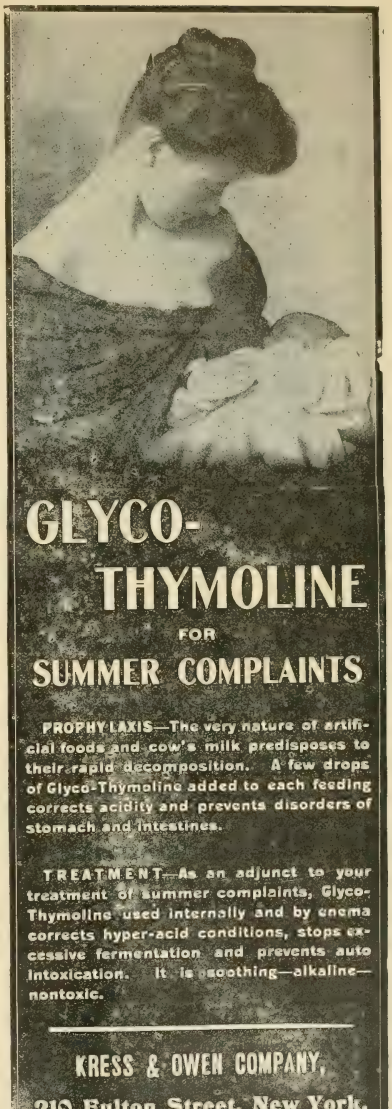
"After having prescribed Tongaline extensively I can state with the utmost confidence that no other medicinal compound used by me in an active practice of nearly 40 years has presented such a broad field of usefulness.

"In my opinion Tongaline is all that is claimed for it and should prove an invaluable addition to the armamentarium of every physician."

An Important Utero-Ovarian Sedative, Anodyne and Tonic.

While it is unquestionably true that many cases of pelvic diseases in women are amenable only to surgical treatment, it is quite evident that there are not a few in which, for some reason or other, operative measures are out of the question. Among these may be included the many cases of dysmenorrhea and ovarian hyperesthesia, for the relief of which recourse is too frequently had by the patients to alcohol, the narcotics, or some of the much-vaunted nostrums on the market.

It has been shown to be a mistake to suppose that substantial and lasting benefit cannot be obtained in these ailments by the internal administration of therapeutic agents, a number of which have been thoroughly tried, with results often satisfactory, sometimes brilliant. An agent of undoubted value in such cases is Liquor Sedans, a preparation introduced to the medical profession many years ago by Messrs. Parke, Davis & Co., and esteemed and prescribed by physicians to an extent, it is believed,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PROPHYLAXIS—The very nature of artificial foods and cow's milk predisposes to their rapid decomposition. A few drops of Glyco-Thymoline added to each feeding corrects acidity and prevents disorders of stomach and intestines.
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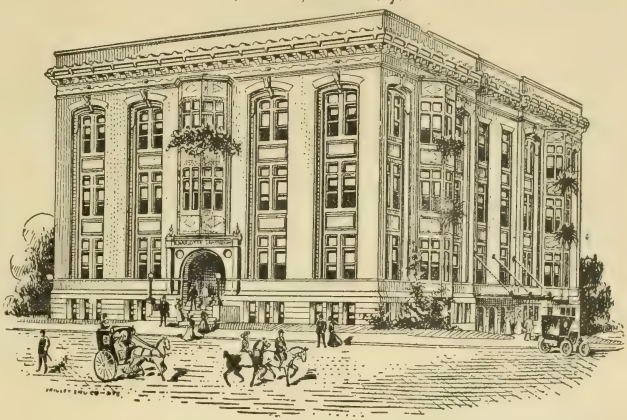

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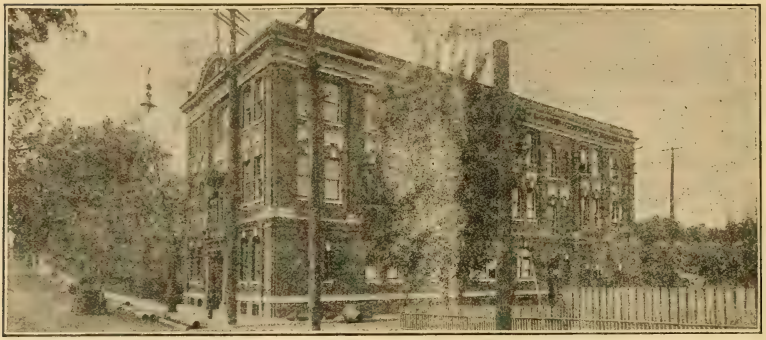

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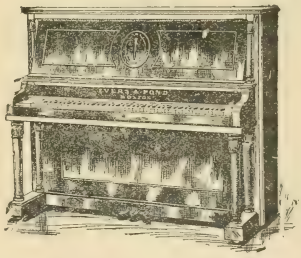

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